

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90127 029 ***61.25

DOCUMENT # 719742

1. Entity Name

PARADISE SHORES APARTMENTS, INC.

Principal Place of Business

**5230 81ST ST. NO.
ST. PETERSBURG FL 33709**

Mailing Address

**5230 81ST ST. NO.
ST. PETERSBURG FL 33709**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1508492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARD, BERNARD D
5227 81ST LANE N
APT-17
ST. PETERSBURG FL 33709**

Name **PHYLLIS V. JACKSON**

Street Address (P.O. Box Number is Not Acceptable)
5217 81ST ST. NO. #1

City **ST. Petersburg** FL Zip Code **33709**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Phyllis V. Jackson* (Phyllis V. Jackson) Vice Pres PARADISE SHORES APTS INC

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **WARD, BERNARD D**
STREET ADDRESS **5227 81ST LANE N APT-17**
CITY-ST-ZIP **ST. PETERSBURG FL 33709**

TITLE **P** ☐ Change ☒ Addition
NAME **LARRY Brenner**
STREET ADDRESS **5267 81ST ST. N. Apt. 17**
CITY-ST-ZIP **ST. Pete, FL 33709**

TITLE **TD** ☒ Delete
NAME **SELBY, ALBERT J**
STREET ADDRESS **5217 81ST ST N APT 26**
CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE **VPD** ☐ Change ☒ Addition
NAME **LARRY Crosby**
STREET ADDRESS **5267 81 ST. NO. #19**
CITY-ST-ZIP **ST. Pete, FL 33709**

TITLE **VPD** ☐ Delete
NAME **JACKSON, PHYLLIS**
STREET ADDRESS **5217 81 ST N APT 1**
CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE **VPDT** ☒ Change ☐ Addition
NAME **Phyllis JACKSON**
STREET ADDRESS **5217 81 ST. N. #1**
CITY-ST-ZIP **ST. Pete, FL, 33709**

TITLE **VPD** ☐ Delete
NAME **LOPEZ, PETER F**
STREET ADDRESS **5246 81ST STREET N APT-14**
CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SWEENEY, CATHERINE**
STREET ADDRESS **5247 81ST ST NORTH, APT 23**
CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ATD** ☒ Delete
NAME **ALVAREZ, ROBERT**
STREET ADDRESS **5286 81ST ST N APT-14**
CITY-ST-ZIP **ST. PETERSBURG FL 33709**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHYLLIS V. JACKSON V.P.

Paradise Shores
Apartment

CR2E037 (9/01)