2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

J90800 DOCUMENT

1. Entity Name

PARADISE WOODWORKING, INC.

Make-Check Payable to Florida Department of State 10: OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE HOWARTH, WALTER A. 30858 PALM DR SIRRET ADDRESS CITY-ST-ZIP ITILE MAME STREET ADDRESS CITY-ST-ZIP ITILE MAME					1	-	}				
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City & State Ci	2. Principal	Place of Business	3. Mail	3. Mailing Address							
Zip Country Zip Country S. Certificate of Status Desired S. S. Additional Res Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Res Required MILLER, ROBERT K. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 9. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the chipsartine of registered agent, or both in the State of Florida. I am familiar with, and accept the chipsartine of registered agent, or both in the State of Florida. I am familiar with, and accept the chipsartine of registered agent, or both in the State of Florida. I am familiar with, and accept the chipsartine of registered agent, or both in the State of Florida. I am familiar with, and accept the chipsartine of registered agent, or both in the State of Florida. I am familiar with, and accept the chipsartine of registered agent, or both in the State of Florida. I am familiar with, and accept the chipsartine of registered agent, or both in the State of Florida. I am familiar with, and accept the chipsartine of registered agent, or both in the State of Florida. I am familiar with, and accept the chipsartine of the chipsartine or accept agent or registered agent, or both in the State of Florida. I am familiar with, and accept the chipsartine or accept agent or registered agent, or both in the State of Florida. I am familiar with, and accept the chipsartine or accept agent or registered agent, or both in the State of Florida. I am familiar with, and accept the chipsartine or accept agent or registered agent, or both in the State of Florida. I am familiar with, and accept the chipsartine or accept agent or registered agent, or both in the State of Florida. I am familiar with, and accept the chipsartine or accept agent or registered agent, or both in the State of Florida. I am familiar with, and accept the chipsartine or accept agent or registered agent	Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MA	KING CHAI	√GES	
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FILED Jan 15, 2003 8:00 am Secretary of State
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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 607, 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:

CR2E034 (10/02)