


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90296 041 \*\*\*\*61.25

0058870

<b>DOCUMENT # N02531</b>			
1. Entity Name <b>PARADISE BAY ESTATES, INC.</b>			
Principal Place of Business 17 WPT 10315 44TH. AVE. WEST BRADENTON FL 34210		Mailing Address 17 WPT 10315 44TH. AVE. WEST BRADENTON FL 34210	
2. Principal Place of Business 10315 Cortez Rd W 17 WPT		3. Mailing Address 10315 Cortez Rd W 17 WPT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 34210-1699	Country	Zip 34210-1699	Country
6. Name and Address of Current Registered Agent <b>KORP, WILLIAM R. 333 SOUTH TAMiami TRAIL SUITE 199 VENICE FL 34285</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	
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. I am familiar with, and accept the obligations of registered agent.		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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



CHECK HERE IF MAKING CHANGES

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GOFORTH, CHARLES</b> 10315 44TH AVENUE WEST BRADENTON FL 34210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>TD</b> <b>Roger Nyberg</b> 10315 Cortez Rd West 17 WPT Bradenton, FL 34210
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>KOBOLD, PATRICIA</b> 10315 44TH AVENUE WEST BRADENTON FL 34210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>10315 Cortez Rd. W 17 WPT</b>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SCHROTENBOER, EUNICE</b> 10315 44TH AVENUE WEST BRADENTON FL 34210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>10315 Cortez Rd W 17 WPT</b>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VOGEL, DONALD</b> 10315 44TH AVE. WEST BRADENTON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>10315 Cortez Rd W 17 WPT</b>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, HERBERT T</b> 10315 44TH AVENUE WEST BRADENTON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>10315 Cortez Rd W 17 WPT</b>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHUFFLEBOTHAM, RONALD T</b> 10315 44TH AVE WEST BRADENTON FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>D</b> <b>John Seighman</b> 10315 Cortez Rd W 17 WPT Bradenton, FL 34210
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** *Charles Bugbee* **REQUIRED** Charles Bugbee Pres. 4/16/03 (941) 794-1250

CR2E037 (10/02)

see attached

Attachment #

PARADISE BAY ESTATES, INC.  
10315 CORTEZ RD W OFC 17WPT  
BRADENTON, FL 34210-1699  
Tel. (941) 794-1250 or Fax (941)-798-3394

90102259  

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N02531

DATE: April 16<sup>th</sup>, 2003

TO: Florida Department of State  
Division of Corporations

FROM: Terri Craftchick, CAM *TC*  
Manager

Re: 2003 Uniform Business Report

ADDITIONAL DIRECTOR NAMES

PD

Bugbee, Chareles  
10315 Cortez Rd. W. 17 WPT  
Bradenton, FL 34210

D

Adams, Theodore  
10315 Cortez Rd. W. 17 WPT  
Bradenton, FL 34210

D

Kloostra, Jim  
10315 Cortez Rd. W. 17 WPT  
Bradenton, FL 34210