

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

08-17-2001 90003 036 \*\*\*550.00

**DOCUMENT # P00000091737**

1. Entity Name  
**PARADISE CONSTRUCTORS, INC.**

Principal Place of Business  
**269 ST THOMAS AVE**  
**KEY LARGO FL 33037**

Mailing Address  
**269 ST THOMAS AVE**  
**KEY LARGO FL 33037**

2. Principal Place of Business

3. Mailing Address  
**3842 SAbertoth Cir**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Key Largo, FL**

4. FEI Number  
**65-1057706**

Applied For  
 Not Applicable

Zip

Country

Zip  
**33037**

Country  
**USA**

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

**SANDERS, BARBARA**  
**269 ST THOMAS AVE**  
**KEY LARGO FL 33037**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SANDERS, EDWARD</b>	
STREET ADDRESS	<b>269 ST THOMAS AVE</b>	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SANDERS, BARBARA</b>	
STREET ADDRESS	<b>269 ST THOMAS AVE</b>	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3842 SAbertoth Cir</b>	
STREET ADDRESS	<b>Key Largo, FL 33037</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>(same)</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)