

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90155 022 ****61.25

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DOCUMENT # 736931

1. Entity Name

THE PARADISE SHORES SOCIAL AND SERVICE CLUB, INC



Principal Place of Business

**5230 81ST ST NORTH
ST PETERSBURG FL 33709**

Mailing Address

**5230 81ST ST NORTH
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 **59-1689504**

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

**NIEMI, JOAN
5246 N 81 ST #17
ST PETERSBURG FL 33709**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
NAME **SMALLEY, ELTON B.** ☐ Delete
STREET ADDRESS **5286 81ST STREET NORTH, APT. #9**
CITY-ST-ZIP **ST. PETERSBURG FL**

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

P
NAME **NIEMI, JOAN** ☐ Delete
STREET ADDRESS **5246 N 81 ST #17**
CITY-ST-ZIP **ST PETERSBURG FL**

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

S
NAME **SCHOMER, ORA** ☐ Delete
STREET ADDRESS **5267 81ST ST N**
CITY-ST-ZIP **ST PETERSBURG FL**

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

D
NAME **RYAN, LINDA** ☐ Delete
STREET ADDRESS **5286 81ST N., APT #9**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

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

D
NAME **AGNELLO, DOROTHY** ☐ Delete
STREET ADDRESS **5356-81ST ST., NO. APT. 1**
CITY-ST-ZIP **ST PETERSBURG FL**

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

VP
NAME **LOPEZ, PETER** ☐ Delete
STREET ADDRESS **5246 N. 81ST N., APT #14**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

☐ Change ☐ Addition
TITLE
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)