

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90076 017 ***550.00

DOCUMENT # P02000057914

1. Entity Name
PARADISE DATA MANAGEMENT CONSULTANTS, INC.



Principal Place of Business
10010 BELLE RIVE BLVD #709
JACKSONVILLE FL 32256

Mailing Address
10010 BELLE RIVE BLVD #709
JACKSONVILLE FL 32256

2. Principal Place of Business

1804 San Marco Place

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Same

Zip

32207

Country

Duval

Zip

Country

4. FEI Number

02-0607112

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PARADIS, BECKI
10010 BELLE RIVE BLVD #709
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name *Becki Paradis*

Street Address (P.O. Box Number is Not Acceptable)

1804 San Marco Place

City *Jacksonville*

FL

Zip Code

32207

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 *Becki Paradis*

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

(NOTE: Registered Agent signature required when reinstating)

8/26/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CEO**
NAME **PARADIS, BECKI**
STREET ADDRESS **10010 BELLE RIZE BLVD #709**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

☐ Delete

TITLE **S**
NAME **LINGEFELT, DAVID**
STREET ADDRESS **2108 WHITE OAK**
CITY-ST-ZIP **VALDOSTA GA 31602**

☐ Delete

TITLE **CFO**
NAME **BLACK, TAMMY**
STREET ADDRESS **1804 SAN MARCO PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO**
NAME **Paradis, Becki**
STREET ADDRESS **357 Hbf Owl Rd**
CITY-ST-ZIP **Satsuma, FL 32189**

☒ Change ☐ Addition
address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 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:

Becki Paradis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 394-2167

CR2E034 (4/03)