2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # 666637** Jul 19, 2000 8:00 am 1. Entity Name PARADISE LAKES, INC. **Secretary of State** 07-19-2000 90008 033 ***550.00 Mailing Address Principal Place of Business P.O. BOX 750 2001 BRINSON RD. **LUTZ FL 33549** LAND O LAKES FL 34639-0750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2023228 Not Applicable Country \$8,75 Additional Country :5.-Certificate of Status Desired - Fee Réquired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BISCHOFF, FRED Street Address (P.O. Box Number is Not Acceptable) 2001 BRINSON RD. **LUTZ FL 33549** ST. PETERS FURG 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. • Change PS Delete TITLE TITLE SOSEPH T. LETTELLEIR NAME BISCHOFF, FRED J NAME 944 39 AVE NORTH STREET ADDRESS STREET ADDRESS 2001 BRINSON RD. CITY-ST-ZIP ST. PETERS BURG CITY-ST-ZIP **LUTZ FL 33549** TITLE V. PRESIDENT TITLE ☐ Delete NAME NAME BICHARD A. TAPPAN 721 ISE RUENUE NORTH, STE 106 ST PETENSBURG F1 -33701 SEC/TREAS STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ROGER BRODERICK NAME NAME SI4 PARK BLUD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARK ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 lives a second control of the corporation of the receiver or trustee empowered to execute this report is supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii) in

PRESIDENT