

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 826058****1. Entity Name**  
**THE PARADIES SHOPS, INC.****FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90134 030 \*\*\*150.00

**Principal Place of Business**  
S.W. FLORIDA REGINAL AIRPORT  
16000 CHAMBERLAIN PKWY. SUITE #8673  
FT. MYERS FL 33913  
US**Mailing Address**  
5950 FULTON IND.BLVD..S.W.  
P.O.BOX 43485  
ATLANTA GA 30336

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** 58-0839094

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 reinstating)

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	DICKSON, RICHARD	
STREET ADDRESS	5950 FULTON IND BLVD	
CITY-ST-ZIP	ATLANTA, GA 0	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DICKSON, RICHARD	
STREET ADDRESS	5950 FULTON IND BLVD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PARADIES, JAMES	
STREET ADDRESS	5950 FULTON IND BLVD SW	
CITY-ST-ZIP	ATLANTA GA 33036	
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		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dickson, Richard	
STREET ADDRESS	5950 Fulton Industrial Blvd	
CITY-ST-ZIP	Atlanta GA 30336	
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		
TITLE	VICE PRESIDENT FINANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON MAREK	
STREET ADDRESS	5950 FULTON INDUSTRIAL BLVD SW	
CITY-ST-ZIP	ATLANTA GA 30336	
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:** *Don Marek* **DON MAREK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/16/01  
Date404-344-7905  
Daytime Phone #

CR2E034 (10/00)