

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90190 049 \*\*\*150.00

**DOCUMENT # F92000000397**

1. Entity Name  
**PARADIES-DAYTONA BEACH, INC.**



Principal Place of Business  
**DAYTONA BEACH AIRPORT**  
**700 CATALINA DR., SUITE 201**  
**DAYTONA BEACH FL 32114**  
**US**

Mailing Address  
**5950 FULTON INDUSTRIAL BLVD. SW**  
**ATLANTA GA 30336-2717**  
**US**

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 **58-2002770**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name **Corporation Service Company**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 Ways Street**  
City **Gallahadsee** FL Zip Code **32301**

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

**Brian Courtney**  
**Asst. V. Pres.**

**4/9/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DICKSON, RICHARD</b>	
STREET ADDRESS	<b>5950 FULTON IND BLVD</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>PARADIES, JAMES</b>	
STREET ADDRESS	<b>5950 FULTON IND BLVD</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PAYNE, WILLARD</b>	
STREET ADDRESS	<b>5950 FULTON INDUSTRIAL BLVD., S.W.</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30336</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>RUFFIN, DOROTHY</b>	
STREET ADDRESS	<b>5950 FULTON INDUSTRIAL BLVD., S.W.</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30336</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>MAREK, DON</b>	
STREET ADDRESS	<b>5950 FULTON INDUSTRIAL BLVD.</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30336</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

**DON MAREK RUFFIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-03**

**404-344-7905**

Date

Daytime Phone #

CR2E034 (10/02)