

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005287

1. Entity Name

PARADISE CATERING AND PIZZA, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90309 028 ***150.00

Principal Place of Business

Mailing Address

1934 PRAIRIE ROSE LANE
ST CLOUD MN 56303

1934 PRAIRIE ROSE LANE
ST CLOUD MN 34209-3000

2. Principal Place of Business

3. Mailing Address

10447 WATER BIRD WAY

10447 WATER BIRD WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FLORIDA

City & State

BRADENTON FLORIDA

Zip

34209

Country

USA

Zip

34209

Country

USA

4. FEI Number

41-1917279

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

ERICKSON, KARL H
11020 BRISTOL BAY DR #517
BRADENTON FL 34209

Name

STEVE ERICKSON

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

10447 WATER BIRD WAY

City

BRADENTON

FL

Zip Code

34209

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

Steven A. Erickson STEVEN A. ERICKSON PRESIDENT 4/20/2000
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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	ERICKSON, STEVE	
STREET ADDRESS	1934 PRAIRIE ROSE LANE	
CITY-ST-ZIP	ST CLOUD MN 56303	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	ERICKSON, JOANNA	
STREET ADDRESS	1934 PRAIRIE ROSE LANE	
CITY-ST-ZIP	ST CLOUD MN 56303	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10447 WATER BIRD WAY	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10447 WATER BIRD WAY	
CITY-ST-ZIP	BRADENTON FL 34209	
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		<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:

Steven A. Erickson PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000
Date

(941)761-0835
Daytime Phone #

CR2E034 (9/99)