2000 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # K73884** PARADISE HOMES OF NAPLES, INC. 04-25-2000 90083 029 ***150.00 Principal Place of Business Mailing Address 2124 LA PAZ COURT 2124 LA PAZ COURT NAPLES FL 34109 NAPLES FL 34109-7171 U\$ US 3. Mailing Address 2. Principal Place of Business 7986 BEAUTIONT (AUMOAS Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number 65-0140412 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent PARADIS, JAMES F Street Address (P.O. Box Number is Not Acceptable) 2124 LA PAZ COURT COUR NAPLES FL 34109 BEAUHOUY 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 (NOTE: Registered Agent signature required when reinstating) orinted name of registered agent an FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition | ☐ Delete TITLE FARES F. PARADIS PARADIS, JAMES F. NAME STREET ADDRESS STREET ADDRESS 2124 LA PAZ CT 7986 BEAUTIONT CT. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Addition ☐ Delete TITLE MICHILLE J. PARAOIS NAME PARDIS, MICHELLE J NAME 7886 BEAUTIONS CT. STREET ADDRESS 2124 LA PAZ CT STREET ADDRESS NOPLES, FL. 34109-7171 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Delete Change ☐ Addition TITLE TITLE 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-7IP ☐ Addition 1. V 184 - K 21 - 54 ☐ Change ☐ Delete TITLE TITLE NAME NAME HISTORY 11 1-9 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 inflowment.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 (941) 566-3819

Daytime Phone #