

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90125 027 ****50.00

DOCUMENT # L01000003786

1. Entity Name

PARADISE FOUNTAINS AND STATUARY, LLC

Principal Place of Business

1080 HIGHWAY 98 EAST
 UNIT 502
 DESTIN FL 32541

Mailing Address

1080 HIGHWAY 98 EAST
 UNIT 502
 DESTIN FL 32541

2. Principal Place of Business

12671 Hwy. 98W
 Suite, Apt. #, etc.
 SUITE 208

3. Mailing Address

12671 Hwy 98W
 Suite, Apt. #, etc.
 SUITE 208

City & State

DESTIN, FL

City & State

DESTIN, F

Zip

32541

Country

OKA/DOSA

Zip

32541

Country

OKA/DOSA

4. FEI Number

12-1498053

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUSSEAU, CHESTER
 1080 HIGHWAY 98 EAST
 UNIT 502
 DESTIN FL 32541

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
 NAME ROUSSEAU, CHESTER ☐ Delete
 STREET ADDRESS 1080 HIGHWAY 98 EAST
 CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/15/02 (800) 654-5770

CR2E083 (9/01)