

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

50324900035
8/27/2003-90057-004-\$50.00-\$50.00

FILED

2003 SEP 18 PM 1:56

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

DOCUMENT # **L02000028740**
1. Entity Name
PARADISE PADDLERS, LLC



Principal Place of Business
**28131 GATO ROAD
LITTLE TORCH KEY FL 33042**

Mailing Address
**28131 GATO ROAD
LITTLE TORCH KEY FL 33042**

2. Principal Place of Business
5 Geyer Rd.

3. Mailing Address
231 Geyer RD.

City & State
Key west FL.

City & State
Key west FL.

Zip
33040 Country
USA

Zip
33040 Country
USA

4. FEI Number
020604800 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jason Drevenak* **JASON DREVENAK CO-owner** **24 August 2003**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLEWETT, RICHARD J 13505 STRAW BALE LANE GAITHERSBURG FL 20878 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CULHANE, JAMES PMB 819, PEACOCK PLAZA KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	co-owner MGRM Culhane, James 231 Geyer Rd Kw FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DREVENAK, JASON PMB 819 PEACOCK PLAZA KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	co-owner MGRM DREVENAK JASON 231 Geyer Rd Kw FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *Jason Drevenak* **JASON DREVENAK** **25 Aug** **305-294-7550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)