

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

503241900035
8/27/2003-90057-004-\$50.00-\$50.00

2

DOCUMENT # L02000028740

1. Entity Name
PARADISE PADDLERS, LLC



FILED

2003 SEP 18 PM 1:56

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Mailing Address
28131 GATO ROAD
LITTLE TORCH KEY FL 33042



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
5 Geyer Rd.
Suite, Apt. #, etc.

3. Mailing Address
231 Geyer RD.
Suite, Apt. #, etc.

City & State
Key west FL.
Zip 33040 Country USA

City & State
Key west FL.
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 Drevnak* JASON DREVENAK CO-owner 24 August 2003

Signature typed in full 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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

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	MGRM CULHANE, JAMES PMB 819, PEACOCK PLAZA KEY WEST FL 33040	<input type="checkbox"/> Delete
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	co-owner MGRM DREVENAK JASON 231 Geyer Rd Kw FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

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

Date

Daytime Phone #

Jason Drevnak 25 Aug 2003 305-294-7550

CR2E083 (4/03)