

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L53768

1. Entity Name  
PARADISE PAINTING, INC.

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91724 042 \*\*\*150.00

Principal Place of Business  
C/O JAMES M. WALLACE  
420 OLD MAIN STREET  
BRADENTON FL 34205

Mailing Address  
C/O JAMES M. WALLACE  
420 OLD MAIN STREET  
BRADENTON FL 34205



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0174821

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

WALLACE, JAMES M.  
420 OLD MAIN STREET  
BRADENTON FL 34205

## 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

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, 2002 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  
NAME MAUGHERMAN, CAROL  
STREET ADDRESS 3080 11TH AVENUE EAST  
CITY-ST-ZIP BRADENTON FL ☐ Delete

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

TITLE ST  
NAME MAUGHERMAN, CAROL  
STREET ADDRESS 3080 11TH AVENUE EAST  
CITY-ST-ZIP BRADENTON FL ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)