

5/28/

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91616 040 \*\*\*\*61.25

**DOCUMENT # N93000004103**

1. Entity Name

PARADISE V.I.P. CLUB, INC.

Principal Place of Business

Mailing Address

4809-A EHRlich RD  
TAMPA FL 336244809-A EHRlich RD  
TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

4910 14th Street W  
Suite, Apt. #, etc.  
# 308

Suite, Apt. #, etc.

City & State  
Bradenton FLCity & State  
TampaZip  
34207Country  
USAZip  
Country

4. FEI Number

59-3201437

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASHOR, THOMAS W  
4809-A EHRlich RD  
TAMPA FL 33624Name  
Raymond-H. Milley Jr.

Street Address (P.O. Box Number is Not Acceptable)

10612 Winding Stream Way

City  
Bradenton

FL

Zip Code  
34212

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

4/17/02

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, JEFF 2031 W. OAKLAND PARK BLVD. FORT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PELTO, THOMAS 5308 SILVERSTAR RD. ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALSH, THOMAS 5308 SILVERSTAR RD. ORLANDO FL 32808	<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

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
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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

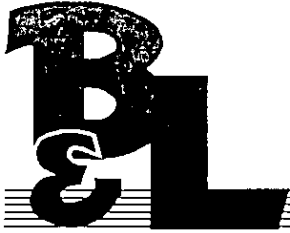
4/17/02

9417532925

Daytime Phone #

CR2E037 (9/01)

attachment # 36873



**BASHOR & LEGENDRE**  
Certified Public Accountants

PERCY J. LEGENDRE, III, C.P.A., P.A.  
THOMASENA L. BASHOR, C.P.A., P.A.

4809-A EHRLICH ROAD  
TAMPA, FL 33624  
TEL (813) 961-3220  
FAX (813) 962-6165  
[www.bashorlegendre.com](http://www.bashorlegendre.com)

June 14, 2002

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Paradise V.I.P., Inc.  
4809-A Ehrlich Rd.  
Tampa, FL 33624

Reference: N93000004103

Dear Department,

We received the attached today with a request for the new registered agent to sign accepting the designation. Please be advised the new agent did sign on line 8 (eight) as required on the original annual report/uniform business report as required. Please adjust your records and respond accordingly.

Respectfully,

Thomasena Bashor, C.P.A., P.A.

Bashor & Legendre,  
Certified Public Accountants