## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jan 27, 2003 8:00 am **Secretary of State** P00000008047 DOCUMENT # 01-27-2003 90343 022 \*\*\*150.00 1. Entity Name PARADISE WEBS, INC. Principal Place of Business Mailing Address 5514 CARBINE COURT 9300 REGENCY PARK BLVD. NEW PORT RICHEY FL 34655 PORT RICHEY FL 34668 2. Principal Place of Business 9650 SUNBEAM 3. Mailing Address Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3621020 Not Applicable Zip -Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PYTLAK, LARRY Street Address (P.O. Box Number is Not Acceptable) 9650 SUNBEAN DRIVE 5514 CARBINE COURT **NEW PORT RICHEY FL 34655** City 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 re gistered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Delete TITLE PYTLAK, SHELLEY NAME NAME 9650 SUNBEAU DRIVE 5514 CARBINE COURT STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL 34655** CITY-ST-ZIP CITY-ST-ZIP TITLE ۷P ☐ Delete TITLE M Change Addition NAME PYTLAK, LARRY NAME 9650 SUNBEAUDRIVE STREET ADDRESS STREET ADDRESS 5514 CARBINE COURT CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL 34655 34654 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 10 or Block 11 if changed, or on an attachment with all other like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

FILED

☐ Change

☐ Addition