

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90025 038 ***150.00

DOCUMENT # P00000012220

1. Entity Name
PARADISE CONCRETE PRODUCTS, INC.

Principal Place of Business

Mailing Address

**2602 DORA STREET
 FORT MYERS FL 33901**

**2602 DORA STREET
 FORT MYERS FL 33901**

2. Principal Place of Business

2620 Jeffcott Street

3. Mailing Address

P.O. Box 4519

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

N. Fort Myers FL

Zip

33901

Country

USA

Zip

33918

Country

USA

4. FEI Number

65-0978931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 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 **Rosanne L Gilles**

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

20101 Keola Ln

N. Fort Myers

City

FL

Zip Code

33917

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

Rosanne L Gilles

4-26-01

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, 2001 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

TITLE **PS** ☐ Delete
 NAME **GILLES, JEROME D**
 STREET ADDRESS **2602 DORA STREET**
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **VT** ☐ Delete
 NAME **MCMICKEN, JAMES G**
 STREET ADDRESS **2602 DORA STREET**
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2620 Jeffcott St**
 CITY-ST-ZIP

TITLE **V** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2620 Jeffcott St**
 CITY-ST-ZIP

TITLE **TS** ☐ Change ☒ Addition
 NAME **Rosanne L. Gilles**
 STREET ADDRESS **2620 Jeffcott St**
 CITY-ST-ZIP **Ft Myers FL 33901**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Rosanne L Gilles

Rosanne L Gilles

Date

Daytime Phone #

CR2E034 (10/00)