

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90154 046 ***150.00

DOCUMENT # P00000031244

1. Entity Name
PARADISE ENTREPRENEURS, INC.

Principal Place of Business

20 HAMPTON CR.
NICEVILLE FL 32578

Mailing Address

20 HAMPTON CR.
NICEVILLE FL 32578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3657254**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE, BERT
1150 JOHN SIMS PARKWAY
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name **Michael C. Harris**
 Street Address (P.O. Box Number is Not Acceptable) **20 Hampton Cr**
 City **Niceville** FL **32578**

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]* **President**

DATE **APR 30 2002**

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 **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **MOORE, BERT**
STREET ADDRESS **1500 JOHN SIMS PKWY**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **P** ☐ Delete
NAME **HARRIS, MICHAEL**
STREET ADDRESS **20 HAMPTON CR.**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **VP** ☒ Delete
NAME **RIEGER, KORDULA L**
STREET ADDRESS **20 HAMPTON CIRCLE**
CITY-ST-ZIP **NICEVILLE FL 32578**

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 **D** ☐ Change ☐ Addition
NAME **MOORE, BERT**
STREET ADDRESS **1500 JOHN SIMS PKWY**
CITY-ST-ZIP **NICEVILLE FL 32578**

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

TITLE **VP** ☐ Change ☐ Addition
NAME **RIEGER, KORDULA L**
STREET ADDRESS **20 HAMPTON CR**
CITY-ST-ZIP **NICEVILLE FL 32578**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **04/30/2002** **850-897-5071**
 Daytime Phone #

CR2E034 (9/01)