

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90210 016 ***158.75

DOCUMENT # P00000053112

1. Entity Name

PARADISE CAR SPA, INC.

Principal Place of Business

**877 CAPE CORAL PARKWAY
 CAPE CORAL FL 33904**

Mailing Address

**877 CAPE CORAL PARKWAY
 CAPE CORAL FL 33904**

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

65-1009008

Applied For

Not Applicable

5. Certificate of Status Desired

A

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODGERS, CHERYL

**877 CAPE CORAL PARKWAY
 CAPE CORAL FL 33904**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **RODGERS, CHERYL**
 STREET ADDRESS **877 CAPE CORAL PARKWAY**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

7/2/01
 Date

9415425823
 Daytime Phone #

0098832 AV

CR2E034 (5/01)



PARADISE
Car Spa Inc.

#Attachment

A0076185

877 Cape Coral Pkwy. • Cape Coral, FL 33904 • Phone (941) 542-5823 • Fax (941) 542-3105

P0000005312

Uniform Business Report
P.O. Box 1500
Jalapa, IL 32302

7/2/01

Dear Sir:

I received this form in the mail today and this is the first I've heard of this annual report. I have not received any earlier communication. My previous corporate experience was in N.H. and there was no annual fee. Is it possible to accept the original fee of \$150⁰⁰ this one time? I am aware and will file timely next year.

Sincerely,
P. R.