

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085072

1. Entity Name
PARADISE PROVISIONS, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90229 013 ***158.75

Principal Place of Business

Mailing Address

**4465 21 AVENUE SW
NAPLES FL 34116**

**4465 21 AVENUE SW
NAPLES FL 34116**

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

59-3669825

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

RENAE M. HENDRICKS

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

4465 21 AVE SW

City

NAPLES

FL

Zip

34116

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

Renee M. Hendricks

RENAE M. HENDRICKS - Vice President 4/16/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DYER, KIMBERLY L**
STREET ADDRESS **4465 21 AVENUE SW**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE **P/T/D** ☐ Change ☒ Addition
NAME **KIMBERLY L. DYER**
STREET ADDRESS **4465 21 AVE SW**
CITY-ST-ZIP **NAPLES, FL 34116**

TITLE **D** ☐ Delete
NAME **HENDRICKS, RENAE M**
STREET ADDRESS **4465 21 AVENUE SW**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE **V/S/D** ☐ Change ☒ Addition
NAME **RENAE M. HENDRICKS**
STREET ADDRESS **4465 21 AVE SW**
CITY-ST-ZIP **NAPLES, FL 34116**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Renee M. Hendricks

RENAE M. HENDRICKS

4/16/01

941-304-2090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)