

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000085072

FILED
Apr 25, 2002 8:00 AM
Secretary of State

Entity Name: PARADISE PROVISIONS, INC.

Current Principal Place of Business:

4465 21 AVENUE SW
NAPLES, FL 34116

New Principal Place of Business:

6115 COPPER LEAF LANE
NAPLES, FL 34116

Current Mailing Address:

4465 21 AVENUE SW
NAPLES, FL 34116

New Mailing Address:

6115 COPPER LEAF LANE
NAPLES, FL 34116

FEI Number: 59-3669825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENDRICKS, RENDE M
4465 21 AVE SOUTHWEST
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

HENDRICKS, RENAE M
4465 21 AVE SOUTHWEST
NAPLES, FL 34116 US

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: RENAE M. HENDRICKS

04/25/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: DYER, KIMBERLY L
Address: 4465 21 AVE SOUTHWEST
City-St-Zip: NAPLES, FL 34116

Title: VSD () Delete
Name: HENDRICKS, RENAE M
Address: 4465 21 AVE SOUTHWEST
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: FULLER, JULIE D
Address: 6115 COPPER LEAF LANE
City-St-Zip: NAPLES, FL 34116

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE D. FULLER

PTD

04/25/2002

Electronic Signature of Signing Officer or Director

Date