

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91226 019 \*\*\*150.00

**DOCUMENT # P00000117810**

**1. Entity Name**  
**PARADISE HOMES & LAND DEVELOPMENT, INC.**

**Principal Place of Business**      **Mailing Address**  
**1 FLORIDA PARK DRIVE SOUTH STE 317**      **1 FLORIDA PARK DRIVE SOUTH STE 317**  
**PALM COAST FL 32137**      **PALM COAST FL 32137**

**2. Principal Place of Business**      **3. Mailing Address**  
**Suite, Apt. #, etc.**      **P.O. Box 350463**

**City & State**      **City & State**  
**Palm Coast, FL**

**Zip**      **Country**      **Zip**      **Country**  
**32135-0463**      **U.S.A.**

**4. FEI Number**      **59-3690831**      **Applied For**  
**5. Certificate of Status Desired**      ☐      **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**CHIUMENTO, MICHAEL D ESQ**  
**4 OLD KINGS ROAD NORTH STE B**  
**PALM COAST-FL 32137**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☒ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ, HELIO</b>		NAME		
STREET ADDRESS	<b>1 FLORIDA PARK DRIVE SOUTH STE 317</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LISICKI, PAUL</b>		NAME		
STREET ADDRESS	<b>1 FLORIDA PARK DRIVE SOUTH STE 317</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** Helio Martinez **4/29/02** **(386) 447-6000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)