

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90276 040 \*\*\*150.00

0016594 AV

DOCUMENT # P00000117810

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



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

Mailing Address  
P.O. BOX 350463  
PALM BCH FL 32135-0463

2. Principal Place of Business  
8 Easterly Place  
Suite, Apt. #, etc. Suite B

3. Mailing Address  
PO Box 350443  
Suite, Apt. #, etc.

City & State  
PALM COAST, FL PALM COAST FL

Zip Country  
32164 32135-0443



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3690831 Applied For Not Applicable

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  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, HELIO 1 FLORIDA PARK DRIVE SOUTH STE 317 PALM COAST FL 32137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISICKI, PAUL 1 FLORIDA PARK DRIVE SOUTH STE 317 PALM COAST FL 32137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, Helio <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8 Easterly Place Suite B PALM COAST FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lisicki, PAUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8 Easterly Place Suite B PALM COAST FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Helio Martinez  
Date 4-26-03 Daytime Phone # (386) 447-6000

CR2E034 (10/02)