FILED
Jun 17, 2002 8:00 am
Secretary of State
05-17-2002 90031 030 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000158

1. Entity Name
PARADISE HOME & PATIO OF MARTIN COUNTY, INC.

93310

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1800 NW US 1	4051 S. US 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART, FL	City & State: FT. PIERCE, FL
Zip: 34994 Country: USA	Zip: 34982 Country: USA

4. FEI Number: 650106234 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: JEROME J. SHINGABY

Street Address (P.O. Box Number is Not Acceptable): 4051 S. US 1

City: FT. PIERCE FL Zip Code: 34982

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)

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	JEROME J. SHINGABY	NAME	
STREET ADDRESS	4051 S. US 1	STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE, FL. 34982	CITY-ST-ZIP	
TITLE	SECRETARY / TREASURE	TITLE	
NAME	SHERRY L. SHINGABY	NAME	
STREET ADDRESS	4051 S. US 1	STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE, FL. 34982	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	CASEY R. SHINGABY	NAME	
STREET ADDRESS	4051 S. US 1	STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE, FL 34982	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

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

Date 4/29/02 772-464-1996 Daytime Phone #