

"AMENDED"

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

FILED

02 AUG 22 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000011305

1. Entity Name

PARADEE CABINETS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

338 CANOE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

338 CANOE CIRCLE

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip 32073

Country

CLAY

City & State

ORANGE PARK, FL

Zip 32073

Country

CLAY

4. FEI Number

59-3689223

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

KIM K. HUBBARD

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

1106 PARK AVE.

City

ORANGE PARK

FL

Zip Code

32073

8. The above named entity hereby certifies that the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature

or

Printed Name

registered agent and file 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)

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	JEAN PIERRE PARADEE	338 CANOE CIRCLE	ORANGE PARK, FL 32073
VS	JOHN MICHAEL McDERMOTT, JR.	338 CANOE CIRCLE	ORANGE PARK, FL 32073
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Daytime Phone #

7/31/02

CR2E034B (12/01)

8/22/02