

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90130 020 ***150.00

DOCUMENT # P01000019947

1. Entity Name
SWFL PARADISE, INC.



Principal Place of Business
**1432 SOUTHWEST COURTYARDS LANE
UNIT 101
CAPE CORAL FL 33914**

Mailing Address
**POST OFFICE BOX 100510
CAPE CORAL FL 33910**

00012000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1081834**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HAHN, JUERGEN
1431 SW COURTYARDS LN
UNIT 101
CAPE CORAL FL 33914**

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

Signature, typed or printed name of registered agent and title if applicable.

(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	PD	<input checked="" type="checkbox"/> Delete
NAME	HAHN, JUERGEN PD	
STREET ADDRESS	1432 SOUTHWEST COURTYARDS LANE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	HAHN, JUERGEN PD	
STREET ADDRESS	1432 SOUTHWEST COURTYARDS LANE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
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STREET ADDRESS	1432 SOUTHWEST COURTYARDS LANE	
CITY-ST-ZIP	CAPE CORAL FL 33914	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAHN, JUERGEN	
STREET ADDRESS	P.O. BOX 100510	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

01-25-03
Date

(239) 574-9721
Daytime Phone #

CR2E034 (10/02)