

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90016 044 ***150.00

DOCUMENT # P01000027368

1. Entity Name
PARIDICE INC.

Principal Place of Business
15031 PUNTA RASSA RD #1105
FT MYERS FL 33908

Mailing Address
15031 PUNTA RASSA RD #1105
FT MYERS FL 33908

2. Principal Place of Business
3741 S.W. 2nd Ave
 Suite, Apt. #, etc.

3. Mailing Address
3741 S.W. 2nd Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Cape Coral FL
Zip 33914 **Country** U.S.

City & State
Cape Coral FL
Zip 33914 **Country** U.S.

4. FEI Number 65-1100841
 Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
D'ANGELO, FRANCIS
15031 PUNTA RASSA RD #1103
FT MYERS FL 33908

7. Name and Address of New Registered Agent
Name John D'Angelo
Street Address (P.O. Box Number is Not Acceptable)
3741 S.W. 2nd Ave.
City Cape Coral **FL** **Zip Code** 33914

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 *John D'Angelo* - **John D'Angelo** **9/1/02**
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) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	D D'ANGELO, FRANCIS 15031 PUNTA RASSA RD #1103 FT MYERS FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ANGELO, JOHN 15031 PUNTA RASSA RD #1103 FT MYERS FL 33908 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John D'Angelo* **John D'Angelo** **9/1/02** **239-549-8148**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/02)

Attachment
D#PO1000027368
B0136957

To Whom this may Concern:

I John D'Angelo, Director of
Paridice Inc. would like to
state that I had no prior
notice of a \$400. late fee. I
have moved twice since I filed
for my corporation. Enclosed is
a check for the original fee
of \$150.00

Thank You
John D'Angelo