

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000070366

1. Entity Name
PARADISE PROPERTIES OF BREVARD, INC.

Principal Place of Business

1425 HIGHWAY A1A #23
SATELLITE BEACH FL 32937

Mailing Address

1425 HIGHWAY A1A #23
SATELLITE BEACH FL 32937

2. Principal Place of Business

1640 Highway A1A
Suite, Apt. #, etc.
Suite B
City & State
Satellite Beach FL

3. Mailing Address

1640 Highway A1A
Suite, Apt. #, etc.
Suite B
City & State
Satellite Beach

4. FEI Number

04-3585704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OMLER, DAVID E
1425 HIGHWAY A1A #23
SATELLITE BEACH FL 32937

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.

SIGNATURE

David Omler
Signature, typed or printed name of registered agent and state if applicable.

DAVID Omler

(NOTE: Registered Agent signature required when reinstating)

4/23/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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
PRES. V/P SEC. TREAS
DAVID OMLER
225 HIGHWAY A1A #303
SATELLITE BEACH FL 32937

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

David Omler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

321 773 1982

Daytime Phone #

FILED
Jun 19, 2002 8:00 am
Secretary of State
05-13-2002 90179 012 ***150.00

36070



DO NOT WRITE IN THIS SPACE

CR2034 (9/01)