

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

DOCUMENT # P01000082449

1. Entity Name

AUTOS IN PARADISE, INC.

FILED

02 OCT 16 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600008380566--7

-10/15/02--01067--008

\*\*\*\*\*61.25 \*\*\*\*\*61.25

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

13991 N. Cleveland Ave.

3. Mailing Address

13991 N. Cleveland Ave.

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

N. Ft. Myers, FL

City & State

N. Ft. Myers, FL

Zip

33903

Country

USA

Zip

33903

Country

USA

4. FEI Number

59-3739293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Deborah W. Rochelle

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

13991 N. Cleveland Ave.

City

N. Ft. Myers

FL

Zip Code

33903

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) ☐

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	P/D
NAME	Timothy L. Rochelle
STREET ADDRESS	4260 Perth Ct.
CITY-ST-ZIP	N. Fort Myers, FL 33903
TITLE	V/S/T/M
NAME	Deborah W. Rochelle
STREET ADDRESS	4260 Perth Ct.
CITY-ST-ZIP	N. Ft. Myers, FL 33903

TITLE	
NAME	
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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: Deborah W. Rochelle Deborah W. Rochelle 10/11/02 239-656-6642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

js 10/16/02