## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MARKE OF SIGNING OFFICER OR DIRECTOR

## May 16, 2002 8:00 am Secretary of State P01000094458 DOCUMENT # 1. Entity Name 05-16-2002 90030 038 \*\*\*150.00 PARADISE BUILDERS & DEVELOPERS, INC. Principal Place of Business Mailing Address 445 W 105TH STREET 445 W. 105TH STREET MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address 2800 Hillington Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied:For City & State Gity & State Jacksunuille Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAYES, DENNIS E ESQ Street Address (P.O. Box Number is Not Acceptable) 2320 THE WOODS DRIVE WEST JACKSONVILLE FL 32246 Zip Code 8. 🐒 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROGERS, HAROLD J NAME NAME STREET ADDRESS 8800 ARLINGTON EXPRESSWAY STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition ROGERS, SANDRA J NAME NAME STREET ADDRESS 8800 ARLINGTON EXPRESSWAY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32211 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME REGO, DENNIS L STREET ADDRESS **696 W 105TH STREET** STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. rl.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

FILED