

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90159 036 ***158.75

DOCUMENT # P02000046876

1. Entity Name
PARADISE CUISINE CATERING, INC.



Principal Place of Business
70 SANTANA ROAD
SANTA ROSA BEACH FL 32549

Mailing Address
70 SANTANA ROAD
SANTA ROSA BEACH FL 32549

2. Principal Place of Business

3. Mailing Address

ALLEN J. DAVIS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

211 TWIN LAKES DRIVE

City & State

City & State

DEFUNIAK SPRINGS, FL.

Zip

Country

Zip

Country

32433

UNITED STATES

4. FEI Number

04-3660019

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, MARTIN
70 SANTANA ROAD
SANTA ROSA BEACH FL 32549

ALLEN J. DAVIS

211 TWIN LAKES DRIVE

DEFUNIAK SPRINGS

City

FL

32433

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

March 31, 2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDCE ☐ Delete
NAME SMITH, MARTIN
STREET ADDRESS 70 SANTANA ROAD
CITY-ST-ZIP SANTA ROSA BEACH FL 32549

TITLE P ☒ Change ☐ Addition
NAME SMITH, MARTIN C.
STREET ADDRESS 70 SANTANA ROAD
CITY-ST-ZIP SANTA ROSA Bch., FL. 32459

TITLE VD ☒ Delete
NAME SEENE, TAMMARRA
STREET ADDRESS 70 SANTANA ROAD
CITY-ST-ZIP SANTA ROSA BEACH FL 32549

TITLE VSDCM ☒ Change ☒ Addition
NAME DAVIS, ALLEN J.
STREET ADDRESS 211 TWIN LAKES DRIVE
CITY-ST-ZIP DEFUNIAK SPRINGS, FL. 32433

TITLE DCOF ☐ Delete
NAME DAVIS, ALLEN J.
STREET ADDRESS 211 TWIN LAKE DR
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE T ☐ Change ☒ Addition
NAME RUSSELL, RANDALL A.
STREET ADDRESS 211 TWIN LAKES DRIVE
CITY-ST-ZIP DEFUNIAK SPRINGS, FL. 32433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31, 2003 850-892-6997

Date

Daytime Phone #

CR2E034 (10/02)