

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90178 027 \*\*\*150.00

**DOCUMENT #** P02000078118  
1. Entity Name  
**PARADISE HOMES ENTERPRISES, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**941 Centerwood Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**941 Centerwood Drive**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Tarpon Springs, FL**

City & State  
**Tarpon Springs, FL**

Zip Country  
**34688 USA**

Zip Country  
**34688 USA**

4. FEI Number  
**11-3643470**

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

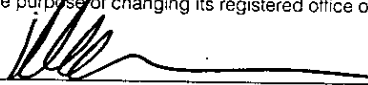
Name  
**O'Connor, Patrick M. Esquire**

Street Address (P.O. Box Number is Not Acceptable)  
**O'Connor & Associates**

**2240 Belleair Road, Suite 160**

City  
**Clearwater** **FL** Zip Code  
**33764**

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 Patrick M. O'Connor  DATE **2-25-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP DiCara, Shannon M. 941 Centerwood Drive Tarpon Springs, Florida 34688</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Shannon M. DiCara, President 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR