

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90185 031 \*\*\*150.00

0625753 AT

**DOCUMENT # P27093**

1. Entity Name  
**PARADIES-SARASOTA, INC.**



Principal Place of Business  
**SARASOTA/BRADENTON AIRPORT**  
**6000 AIRPORT CIRCLE**  
**SARASOTA FL 34243**  
**US**

Mailing Address  
**5950 FULTON INDUSTRIAL BLVD. SW**  
**ATLANTA GA 30336-2717**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1842578**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **Corporation Service Company**  
Street Address (P.O. Box Number is Not Acceptable)

**1201 Hays Street**

City **Tallahassee** FL Zip Code **32301**

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.

**Brian Courtney**  
**Asst. V. Pres.**

(NOTE: Registered Agent signature required when reinstating)

**4/9/03**  
DATE

**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 **VP** ☐ Delete  
NAME **MAREK, DON**  
STREET ADDRESS **5950 FULTON INDUSTRIAL**  
CITY-ST-ZIP **ATLANTA GA**

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

TITLE **VST** ☐ Delete  
NAME **PARADIES, JAMES N.**  
STREET ADDRESS **5950 FULTON INDUSTRIAL**  
CITY-ST-ZIP **ATLANTA GA**

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

TITLE **PD** ☐ Delete  
NAME **DICKSON, DICK**  
STREET ADDRESS **5950 FULTON INDUSTRIAL**  
CITY-ST-ZIP **ATLANTA GA**

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

TITLE **D** ☐ Delete  
NAME **WILBOURN, MACK**  
STREET ADDRESS **5950 FULTON INDUSTRIAL**  
CITY-ST-ZIP **ATLANTA GA**

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

TITLE **D** ☐ Delete  
NAME **PARADIES, GREGG**  
STREET ADDRESS **5950 FULTON IND BLVD**  
CITY-ST-ZIP **ATLANTA GA**

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

**4-14-03**  
Date

**404-344-7905**  
Daytime Phone #

CR2E034 (10/02)