

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000023195**

1. Entity Name

PARADISE SOUTH, INC.**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90076 017 ***150.00

Principal Place of Business

Mailing Address

**5300 TURNPIKE FEEDER RD
FT PIERCE FL 34951
US****5300 TURNPIKE RD
FT PIERCE FL 34951
US**

LUUU4389



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3236943**

Applied For

Not Applied

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCHUGH, JOHN J JR
333 17TH ST
STE U
VERO BEACH FL 32960**

Name

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

City

FL

Zip Code

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CAMERON, SCOTT A	
STREET ADDRESS	5404 SUSON LN.	
CITY-ST-ZIP	FT. PIERCE FL	

TITLE	VP	<input type="checkbox"/> Delete
NAME	CAMERON, SUSAN D	
STREET ADDRESS	5404 SUSON LN	
CITY-ST-ZIP	FORT PIERCE FL	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Scott A. Cameron

Date

Daytime Phone #

941-567-5320