

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90108 029 ***150.00

DOCUMENT # **PA400003445**

1. Entity Name

Paradise Referral Real Estate Co. Inc

Principal Place of Business
5236 Calle Menorca
SARASOTA, FL
34242

Mailing Address
Lois Hekker
7794 Holiday DR.
SARASOTA, FL.
34231-5314

A0041822

2. Principal Place of Business
153 Avenida Messina

3. Mailing Address

Suite, Apt. #, etc.
SARASOTA

Suite, Apt. #, etc.

City & State
FL

City & State

4. FEI Number

650518738

Applied For

Not Applicable

Zip
34242

Country
SARASOTA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Lois M. Hekker, Broker
7794 Holiday Drive
SARASOTA, FL, 34231-5314

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 _____ DATE _____
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P; S; T** Delete
 NAME **Lois M. Hekker**
 STREET ADDRESS **7794 Holiday Drive**
 CITY-ST-ZIP **SARASOTA, FL, 34231-5314**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V-P** Delete
 NAME **William C. Bohack**
 STREET ADDRESS **7794 Holiday Drive**
 CITY-ST-ZIP **SARASOTA, FL, 34231-5314**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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TITLE Change Addition
 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: **Lois M. Hekker** **03-23-01** **941-349-9800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)