

DOCUMENT # P95000090681

1. Entity Name

DON A. PARADISO, P.A.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90026 005 \*\*\*158.75

Principal Place of Business

Mailing Address

~~5874 DEERFIELD PLACE~~  
~~LAKE WORTH FL 33463~~

~~5874 DEERFIELD PLACE~~  
~~LAKE WORTH FL 33463-6759~~

2. Principal Place of Business

3. Mailing Address

2072 S. Military Trail  
Suite, Apt. #, etc.  
#7

2072 S. Military Tr  
Suite, Apt. #, etc.  
#7



DO NOT WRITE IN THIS SPACE

City & State

City & State

WPB, FL

WPB, FL

4. FEI Number

65-0621673

Applied For  
Not Applicable

Zip

Country

Zip

Country

33415 USA

33415 USA

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

PARADISO, ROSALIE  
5874 DEERFIELD PLACE  
LAKE WORTH FL 33463

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 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PARADISO, DON A  
% 5874 DEERFIELD PLACE  
LAKE WORTH FL 33463

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
PARADISO, DON A  
5874 DEERFIELD PLACE  
LAKE WORTH FL

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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 Block 12 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

Date

Daytime Phone #

*Don A. Paradiso* 010700 561-649-1000