FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91437 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096343

80113093

1. Entity Name
SHARON L. WILF, PARADISE PROPERTIES, INC.

Principal Place of Business	Mailing Address
~~215 MOUNTAIN DR~~	~~215 MOUNTAIN DR~~
~~SUITE 104~~	~~SUITE 104~~
DESTIN, FL ~~32541~~ US	DESTIN, FL ~~32541~~ US

2. Principal Place of Business	3. Mailing Address
9535 HWY. 98 E.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DESTIN, FL.	City & State
Zip: 32550 Country: U.S.A	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3369937 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILF, SHARON L
619 CHOCTAW
DESTIN, FL 32541

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILF, SHARON L		NAME	
STREET ADDRESS	619 CHOCTAW		STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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: Sharon L. Wilf 4/29/03 850-837-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

80113093

Annual Reports

Report Year	Filed Date	Intangible Tax
2000	05/09/2000	Y
2001	05/04/2001	
2002	03/28/2002	

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Document Images

Listed below are the images available for this filing.

03/28/2002 -- COR - ANN REP/UNIFORM BUS REP
05/04/2001 -- ANN REP/UNIFORM BUS REP
05/09/2000 -- ANN REP/UNIFORM BUS REP
04/26/1999 -- ANNUAL REPORT
05/01/1998 -- ANNUAL REPORT
05/07/1997 -- ANNUAL REPORT

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

Corporations Inquiry **Corporations Help**