2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9600002359 Jul 21, 2000 8:00 am 1. Entity Name Secretary of State PARADISE DEVELOPERS, INC. 07-21-2000 90059 044 ***550.00 Principal Place of Business Mailing Address 24 WALTER MARTIN RD, SUTIE #3 24 WALTER MARTIN RD. SUTIE #3 FT WALTON BEACH FL 32548 FT WALTON BEACH FL 32548 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 72-1326609 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEAD, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 24 WALTER MARTIN RD, SUTIE #3 FT WALTON BEACH FL 32548 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PST ☐ Addition ☐ Change TITLE ☐ Delete TITLE MAPLES, F. GERALD NAME NAME 201 ST CHARLES AVE, SUITE 3204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW ORLEANS LA 70170** Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 traffice 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 early each essential other like empowered.