

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103051

1. Entity Name

PARADISE S.T. (USA) INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90099 022 ***150.00

Principal Place of Business

11810 ROSEMOUNT DRIVE
FORT MYERS FL 33913

Mailing Address

11810 ROSEMOUNT DRIVE
777 LANTANA ROAD
FORT MYERS FL 33913-8333

2. Principal Place of Business

3. Mailing Address

11810 ROSEMOUNT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CITY & STATE
FORT MYERS FL

4. FEI Number 65-0717272

Applied For
Not Applicable

Zip

Country

Zip

Country

33913

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

HOOK, PENNY A
%COLUMBIA REALTY GROUP INC
19850 BRECKENRIDGE DR STE A
ESTERO FL 33928

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	<input type="checkbox"/> Delete
DP	SPOGLER, DIETRICH	11810 ROSEMOUNT DR	FORT MYERS FL 33913	<input type="checkbox"/>
DVP	SPOGLER, VALERIA	11810 ROSEMOUNT DR	FORT MYERS FL 33913	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

VALERIA SPOGLER

4.15.2000

Date

941-561-7904

Daytime Phone #

CR2E034 (9/99)