

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000013203**

1. Entity Name

**CARIBBEAN PARADISE CONSULTANTS, INC.****FILED****Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90020 008 \*\*\*158.75

Principal Place of Business  
**13219 DUCK LAKE CANAL RD.**  
**DADE CITY FL 33525**Mailing Address  
**P.O. BOX 1710**  
**OLDSMAR FL 34677**

2. Principal Place of Business

**10002 OSLIN ST**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**TAMPA FLORIDA**

City &amp; State

4. FEI Number **65-0740105**

Applied For

Not Applicable

Zip

**33615**

Country

**HILLSBOROUGH**

Zip

Country

5. Certificate of Status Desired ☒**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, ARNOLD E**  
**13219 DUCK LAKE CANAL RD**  
**DADE CITY FL 33525**

7. Name and Address of New Registered Agent

Name **DAVIS, ARNOLD E**

Street Address (P.O. Box Number is Not Acceptable)

**10002 OSLIN ST**City **TAMPA, FL****FL**Zip Code **33615**

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 *Arnold E. Davis* **ARNOLD E DAVIS DIRECTOR**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**JAN 6, 2001**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) **NOT CHECKED****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

TITLE **D** ☐ Delete  
NAME **DAVIS, ARNOLD E**  
STREET ADDRESS **13219 DUCK LAKE CANAL RD**  
CITY-ST-ZIP **DADE CITY FL 33525**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☒ Change ☐ Addition  
NAME **DAVIS, ARNOLD E**  
STREET ADDRESS **10002 OSLIN ST**  
CITY-ST-ZIP **TAMPA, FL 33615**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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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: *Arnold E. Davis* **ARNOLD E. DAVIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 6, 2001**

Date

**813-267-0963**

Daytime Phone #

0425007

CR2E034 (10/00)