

2001 UNIFORM BUSINESS REPORT (UBR)

0461808

DOCUMENT # P97000056694

1. Entity Name

PADDLEWHEEL MANSIONS INC.

Principal Place of Business

~~THE MOORINGS~~
~~HWY 98~~
~~CARRABELLE FL 32322~~
~~US~~

Mailing Address

PO BOX 756
APALACHICOLA FL 32320

2. Principal Place of Business

PO Box 756

3. Mailing Address

Suite, Apt. #, etc.

City & State

Apalachicola FL

City & State

Zip
32320

Country

Zip

Country

4. FEI Number

59-3612896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRELL, JOHN W
~~THE MOORINGS~~
~~HWY 98~~
CARRABELLE FL 32322

7. Name and Address of New Registered Agent

Name

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

11150 MAHAN DRIVE

City

Tallahassee FL

FL

Zip Code

32308

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, 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 P
NAME HARRELL, JOHN W
STREET ADDRESS THE MOORINGS HWY 98
CITY-ST-ZIP CARRABELLE FL 32322 ☐ Delete

TITLE V
NAME HARRELL, WINSTON
STREET ADDRESS 4914 CHURCH HILL PLACE
CITY-ST-ZIP LAND O LAKES FL 34639 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 11150 Mahan Dr
STREET ADDRESS Tallahassee FL 32314
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME 000004161630-1
STREET ADDRESS -05/08/01--01046--020
CITY-ST-ZIP ****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

4-23-2001

Date

850-510-4854

Daytime Phone #

CR2E034 (10/00)

FILED
01 APR 23 PM 2:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE