2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90153 049 ***158.75

DOCUMENT # P97000066805

1. Entity Name
COUNTRY PARADISE PROPERTIES, INC.

Principal Place of Business
860-C ISHERWOOD TERRACE
T AUGUSTINE FL 32092

Mailing Address
1860-C ISHERWOOD TERRACE
ST AUGUSTINE FL 32092

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3461152 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MILLER, PEGGY M
1860-C ISHERWOOD TERRACE
ST AUGUSTINE FL 32092

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2002 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	☐ Delete
NAME	MILLER, FRED R	
STREET ADDRESS	1860-A ISHERWOOD TERRACE	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	ST	☐ Delete
NAME	MILLER, PEGGY M	
STREET ADDRESS	1860-A ISHERWOOD TERRACE	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	VP	☐ Delete
NAME	MILLER, MICHAEL S	
STREET ADDRESS	1860-A ISHERWOOD TERRACE	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	VP	☐ Delete
NAME	MITCHEM, SHERRY R	
STREET ADDRESS	5325 JOHNATHAN ROAD	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE	VP	☐ Delete
NAME	MILLER, DAVID A	
STREET ADDRESS	1860-A ISHERWOOD TERRACE	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Peggy M. Miller Peggy M. Miller Secretary/Treasurer 2-1-02 (904)824-0896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RECEIVED

CR2E034 (9/01)