

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90002 043 \*\*\*150.00

DOCUMENT # P97000074474

1. Entity Name  
RENTALS IN PARADISE, INC.

Principal Place of Business

Mailing Address

~~2410 PAKLM RIDGE RD~~ 1878 WOODRING PT ROAD  
SANIBEL FL 33952

~~2410 PAKLM RIDGE RD~~ 1878 WOODRING PT ROAD  
SANIBEL FL 33952

60037757



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0778343

Applied For

Not Applicable

Zip 33957

Country LEE

Zip 33957

Country LEE

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

CARRINGTON, EDWARD V

~~572 KINZIE ISLAND CT~~ 1878 WOODRING PT RD  
SANIBEL ISLAND FL 33957

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	CARRINGTON, EDWARD V	
STREET ADDRESS	<del>572 KINZIE ISLAND CT</del> 1878 WOODRING PT RD	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	CARRINGTON, LYNN D	
STREET ADDRESS	<del>572 KINZIE ISLAND CT</del> 1878 WOODRING PT RD	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 302 594 6828  
Date Daytime Phone #

CR2E034 (10/00)