

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076372

1. Entity Name

PARADISE VACATION RENTALS, INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90020 048 ***150.00

Principal Place of Business

1625 SE 47 TERRACE #3
CAPE CORAL FL 33904

Mailing Address

1625 SE 47 TERRACE #3
CAPE CORAL FL 33904

2. Principal Place of Business

3501 Del Prado Blvd

Suite, Apt. #, etc.

Suite 100

City & State

Cape Coral FL

Zip

33904

Country

USA

3. Mailing Address

3501 Del Prado Blvd

Suite, Apt. #, etc.

Suite 100

City & State

Cape Coral, FL

Zip

33904

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0779806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEEMANN, ERNEST A ESQ.
4729 DEL PRADO BLVD.
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Cahill, James P

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

3501 Del Prado Blvd

Suite 100

City

Cape Coral

FL

Zip Code

33904

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

James P Cahill

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CAHILL, JAMES P JR.	3429 SANTA BARBARA BLVD.	CAPE CORAL FL 33914	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	Cahill, James P	3501 Del Prado Blvd Suite 100	Cape Coral, FL 33904	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

James P Cahill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/01

Daytime Phone #

941-540-4292

CR2E034 (10/00)