

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90012 001 \*\*\*150.00

**DOCUMENT # P98000011270**

1. Entity Name

**PARADISE ENTERPRISES OF VERO, INC.**

Principal Place of Business

**400 OLD DIXIE HWY  
 VERO BEACH FL 32962**

Mailing Address

**400 OLD DIXIE HWY  
 VERO BEACH FL 32962**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3497166**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75. Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MCHUGH, JOHN J JR  
 333 17TH ST., STE. U  
 VERO BEACH FL 32960**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRYANT, DAN 953 OLD DIXIE HWY., B-2 VERO BEACH FL 32962</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAMERON, SCOTT 953 OLD DIXIE HWY., B-2 VERO BEACH FL 32962</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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
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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

CR2E034 (4/02)

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: Scott Cameron**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/27/02**  
 Date  
**562 772-887-1522**  
 Daytime Phone #



*Attachment*

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

July 26, 2002

PARADISE ENTERPRISES OF VERO, INC.  
400 OLD DIXIE HWY  
VERO BEACH, FL 32962

Subject: **PARADISE ENTERPRISES OF VERO, INC.**

Reference Number:

**P98000011270**

*677050*

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN

ANNUAL REPORTS SECTION

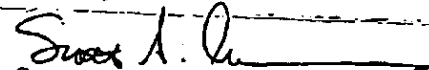
To: Florida Department of State  
From: Scott Cameron  
Re: UBR

Attachment  
OFF # 198000011290

677050

In reviewing my records, I realized that I had not filed this report for Paradise Enterprises of Vero, Inc. I do not know whether I never received it or if I misplaced it. On 6/18, I called to get a duplicate of this and talked with Drew. I was told to mail in the form with a check for \$150. If this is not correct, please return to;  
Paradise Enterprises of Vero, Inc.  
400 Old Dixie Highway  
Vero Beach, FL 32962  
Attn: Scott A. Cameron

Thank you

  
Scott A. Cameron  
President  
Paradise Enterprises of Vero, Inc.  
772-562-1522  
Fax 772-562-1814

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000011270 677080

1. Entity Name

PARADISE ENTERPRISES OF VERO, INC.

*Attachment*  


**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

400 OLD Dixie Hwy  
Suite, Apt. #, etc.

3. Mailing Address

400 OLD Dixie Hwy  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH FL

City & State

VERO BEACH FL

4. FEI Number

59-3497166

Applied For

Not Applicable

Zip

32962

Country

USA

Zip

32962

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN MC HUGH

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

City

VERO BEACH

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

Scott A. Cameron  
Signature, typed or printed name of registered agent and 200 if applicable

Scott A. Cameron  
(NOTE: Registered Agent signature required when replacing)

4/13/02  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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-STATE-ZIP  
PRESIDENT  
DAN BRYANT  
1570 W 56TH St. 3B  
VERO BEACH FL 32960

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VICE PRESIDENT  
SCOTT CAMERON  
5404 SUSAN Ln  
FT. PIERCE FL 34951

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Scott A. Cameron UP

Scott A. Cameron 4/13/02 772-542-1522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004B (12/01)