

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013747

1. Entity Name

PARADISE DESIGNS OF N.W. FLORIDA, INC.

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90012 033 \*\*\*150.00

Principal Place of Business	Mailing Address
13346-B EMERALD COAST PKWY DESTIN FL 32541	13346-B EMERALD COAST PKWY DESTIN FL 32541-6835



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10123 US Hwy 98 W	3. Mailing Address 10123 US Hwy 98 W
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DESTIN FL	City & State DESTIN FL
Zip 32541	Zip 32541
Country WALTON	Country WALTON

4. FEI Number 59-3499000	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HALL, SHERILYN L 13346-B EMERALD COAST PKWY DESTIN FL 32541
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7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 10123 U.S. Highway 98 W City DESTIN FL Zip Code 32541
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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 <i>Sherilyn L Hall</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4-21-00 (NOTE: Registered Agent signature required when reinstating)
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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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D HALL, SHERILYN L 696 INDIGO LOOP NORTH DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, GAYLEN R 696 INDIGO LOOP N DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, BRANDON D 317 WHITE HERON DR SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALL, AMANDA L 696 INDIGO LOOP N DESTIN FL 32541 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <i>Sherilyn L Hall</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4-21-00	DAYTIME PHONE # 850-692-3755
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