

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000013747**1. Entity Name  
PARADISE DESIGNS OF N.W. FLORIDA, INC.

## Principal Place of Business

10123 US HWY 98 W

DESTIN  
32541

FL

## Mailing Address

10123 US HWY 98 W

DESTIN  
32541

FL

## 2. Principal Place of Business

4507 FURLING LANE

Suite, Apt. #, etc.  
115City & State  
DESTIN

FL

Zip  
32541

Country

## 3. Mailing Address

4507 FURLING LANE

Suite, Apt. #, etc.  
115City & State  
DESTIN

FL

Zip  
32541

Country

## 4. FEI Number

59-3499000

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

HALL SHERILYN L  
10123 US HWY 98 WDESTIN  
32541

FL

## 7. Name and Address of New Registered Agent

Name

HALL SHERILYN L

Street Address (P.O. Box Number is Not Acceptable)  
4507 FURLING LANE

115

City  
DESTIN

FL

Zip Code  
32541

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 HALL, SHERILYN L.

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

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

TITLE S ☐ Delete  
NAME HALL AMANDA L  
STREET ADDRESS 696 INDIGO LOOP N  
CITY-ST-ZIP DESTIN FL 32541TITLE D ☐ Delete  
NAME HALL BRANDON D  
STREET ADDRESS 317 WHITE HERON DR  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459TITLE D ☐ Delete  
NAME HALL GAYLEN R  
STREET ADDRESS 696 INDIGO LOOP N  
CITY-ST-ZIP DESTIN FL 32541TITLE D ☐ Delete  
NAME HALL SHERILYN L  
STREET ADDRESS 696 INDIGO LOOP NORTH  
CITY-ST-ZIP DESTIN FL 32541TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☒ Change ☐ Addition  
NAME HALL AMANDA L  
STREET ADDRESS 290 TEQUESTA DRIVE  
CITY-ST-ZIP DESTIN FL 32541TITLE D ☒ Change ☐ Addition  
NAME HALL BRANDON D  
STREET ADDRESS 392 SOUTH SHORE DRIVE  
CITY-ST-ZIP DESTIN FL 32550TITLE D ☒ Change ☐ Addition  
NAME HALL GAYLEN R  
STREET ADDRESS 290 TEQUESTA DRIVE  
CITY-ST-ZIP DESTIN FL 32541TITLE D ☒ Change ☐ Addition  
NAME HALL SHERILYN L  
STREET ADDRESS 290 TEQUESTA DRIVE  
CITY-ST-ZIP DESTIN FL 32541TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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: HALL, SHERILYN L.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

05/01/2001

Date

Daytime Phone #

CR2E034 (11/00)