

2003 FIDELITY CORPORATION UNITED BUSINESS REPORT (UBR)

DOCUMENT # P98000019847

1. Entity Name
PARADISE HEALTH & FITNESS, INC.

FILED

04 JUL 14 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
1706 NORTH ROOSEVELT BLVD.
KEY WEST FL 33040
USMailing Address
1706 NORTH ROOSEVELT BLVD.
KEY WEST FL 33040
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0827902

Not Applicable

Zip

Country

Zip

Country

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

HORAN, DAVID P
608 WHITEHEAD STREET
KEY WEST FL 33040Name Alice J. Kolessar
Street Address (P.O. Box Number is Not Acceptable)1706 N. Roosevelt Blvd
City Key West FL Zip Code 33040

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

Alice J. Kolessar Alice J. Kolessar

11-20-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME KOLESSAR, ALICE
STREET ADDRESS 2209 STAPLES AVENUE
CITY-ST-ZIP KEY WEST FL 33040TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200025046272
CITY-ST-ZIP 11/25/03--01059--003 **\$750.00TITLE D ☐ Delete
NAME WHEATON, TOM
STREET ADDRESS 2505 PATTERSON AVENUE
CITY-ST-ZIP KEY WEST FL 33040TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #