

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90017 006 \*\*\*150.00

**DOCUMENT # P98000035071**

1. Entity Name

**PARADISE PERSONAL TRAINING, INC.**

Principal Place of Business

**97320 OVERSEAS HWY  
 KEY LARGO FL 33037**

Mailing Address

**POST OFFICE BOX 609  
 KEY LARGO FL 33037**

2. Principal Place of Business

3. Mailing Address

**543 PLANTE ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**KEY LARGO FL**

City & State

**KEY LARGO FL**

Zip

**33037**

Country

**US**

Zip

**33037**

Country

**US**

4. FEI Number

**65-0832488**

Applied For

Not Applicable

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

**NELSON, DONN A  
 97320 OVERSEA HWY  
 KEY LARGO FL 33037**

Name **SAME**

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

**543 PLANTE ST**

City **KEY LARGO**

**FL**

Zip Code **33037**

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

*Donn A. Nelson*

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 12, 2001 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	PSD NELSON, DONN A 97320 OVERSEAS HWY KEY LARGO FL 33037 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD NELSON, SUSAN M 97320 OVERSEAS HWY KEY LARGO FL 33037 <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

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
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:

*SUSAN M. NELSON* **SUSAN M. NELSON 8/18/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment C6075845  
Doc# P98000035071

PARADISE PERSONAL TRAINING, INC.  
P.O. BOX 609  
KEY LARGO, FL. 33037

305-451-0876

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS,  
UNIFORM BUSINESS REPORTS  
P.O. BOX 1500  
TALLAHASSEE, FL. 32302-1500

-DOCUMENT # P98000035071

FEI # 65-0832488

AUGUST 15TH. 2001

Dear Sir,

Please find enclosed check for \$150.00 the filing fee for the above Corporation. I realize that this must be filed in a timely manner but did not receive the first notice of the report. Our mailing address has not changed.

As this is only the second year of filing I was not aware of the possibility of not receiving any of the required forms from your office. Had I known that this report was part of the yearly requirements to be met by the Corporation, I can assure you it would have been filed and paid before June 8th. 2001.

This was an oversight and to pay the additional \$400.00 would be a great hardship to the Corporation. I can assure you this will not happen again.

Sincerely,



Susan M. Nelson

( officer )