

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000039851****1. Entity Name**
PARADIGM YACHT SALES & BROKERAGE, INC.**FILED**
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90254 028 ***150.00

Principal Place of Business**9900 SUNSET COVE, UNIT 117**
FORT MYERS FL 33919**Mailing Address****146 MONROE CENTER**
STE 418 MCKAY TOWERS
GRAND RAPID MI 49503

80060370



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**11401 Osprey Landing Way**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**Fort Myers, FL****City & State****4. FEI Number 65-0833376****Applied For****Not Applicable****Zip****Country****33908****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****DEMARIA, JOHN**
15065 MCGREGOR BLVD, STE 104
FORT MYERS FL 33908**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.****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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **PVST** ☐ Delete
NAME **DEMARIA, JOHN L**
STREET ADDRESS **9900 SUNSET COVE, UNIT 117**
CITY-ST-ZIP **FORT MYERS FL 33919****TITLE** **PVST** ☐ Change ☐ Addition
NAME **DeMaria, John L.**
STREET ADDRESS **11401 Osprey Landing Way**
CITY-ST-ZIP **Fort Myers, FL 33919****TITLE** **D** ☐ Delete
NAME **DEMARIA, JOHN L**
STREET ADDRESS **9900 SUNSET COVE, UNIT 117**
CITY-ST-ZIP **FORT MYERS FL 33919****TITLE** **D** ☐ Change ☐ Addition
NAME **DeMaria, John L.**
STREET ADDRESS **11401 Osprey Landing Way**
CITY-ST-ZIP **Fort Myers, FL 33919****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)