

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

0427934 AV

**DOCUMENT # P98000041246**

1. Entity Name  
**PARADISE PLANTS & SERVICES, INC.**



04-03-2003 90148 003 \*\*\*150.00

Principal Place of Business  
P.O. BOX 1328  
LOXAHATCHEE FL 33470-1328

Mailing Address  
P.O. BOX 1328  
LOXAHATCHEE FL 33470-1328



2. Principal Place of Business

**2730 S. Ocean Blvd.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Palm Beach, FL**

City & State

4. FEI Number **65-0829414**

Applied For

Not Applicable

Zip

**33480**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHINER, ALAN**  
**322 OLIVER TREE CIRCLE**  
**WEST PALM BEACH FL 33413**

7. Name and Address of New Registered Agent

Name  
**Alan Shiner**

**2730 S. Ocean Blvd.**

City  
**Palm Beach**

FL Zip Code  
**33480**

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

*Alan G. Shiner*

**3-31-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P SHINER, ALAN**  
**P.O. BOX 1328 (NA)**  
**LOXAHATCHEE FL 33470-1328**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY**  
**CASSANDRA STEINHAUS-SHINER**  
**2730 S. OCEAN BLVD**  
**PALM BEACH, FL 33480**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Alan G. Shiner*

Date

Daytime Phone #

CR2E034 (10/02)