

2000 UNIFORM BUSINESS REPORT (UBR)

3/1/2000 10:00 AM

DOCUMENT # P99000049259

1. Entity Name

PARADISE JEWELERS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

03-31-2000 90060 045 ***150.00

Principal Place of Business

Mailing Address

HARBORWALK
37A HWY 98 E
DESTIN FL 32541

HARBORWALK
37A HWY 98 E
DESTIN FL 32541-2909

2. Principal Place of Business

Destin, Florida

3. Mailing Address

P.O. Box 1849

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Destin, FL

Zip

Country

Zip

Country

32540

4. FEI Number

59-3571555

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

CONERLY, LAMAR JR
34851 EMERALD COAST PARKWAY STE 100
DESTIN FL 32541

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Jay Sweeney	
STREET ADDRESS	151 Calhoun, #600	
CITY-ST-ZIP	Destin, FL 32540	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Denise Sweeney	
STREET ADDRESS	151 Calhoun, #600	
CITY-ST-ZIP	Destin, FL 32540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

856 6506290

Daytime Phone #

C 7 - 034 (3/99)