

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90061 029 ***158.75

DOCUMENT # P99000073206

1. Entity Name

PARADISE CONTRACTORS CORPORATION*P*

Principal Place of Business

**20 BANYAN COURSE
OCALA FL 34472**

Mailing Address

**20 BANYAN COURSE
OCALA FL 34472****00083067**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3597037

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TROW, CHESTER J
1 NE FIRST AVE, SUITE 303
OCALA FL 34470**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

9. 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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE	D	<input type="checkbox"/> Delete
NAME	PHELAN, THOMAS A	
STREET ADDRESS	20 BANYAN COURSE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3. 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:

Thomas A. Phelan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8/15/00**
Date**(352)
624-0497**
Daytime Phone #

**PARADISE
CONTRACTORS
CORPORATION**

20 BANYAN COURSE
OCALA, FLORIDA 34472

Attachment Doc #
p99000073206
Doo 83067

August 31, 2000

Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

I have spoken with one of your representatives today concerning the filing of my Uniform Business Report (UBR) for the above entity. I just formed this Corporation at the end of 1999. I recently received the UBR form from you to file. I understand that this form should have been filed earlier however I did not receive any earlier notification. Since this is a new Corporation, I was unaware of the time deadlines on the filing of the report. I have two new Corporations and I hope that you will understand my situation. I have enclosed the filing fee and the additional fee for the Certificate of Status. I appreciate your understanding in this matter. If you have any questions please contact me at (352) 624-0497.

Respectfully,



Thomas Arthur Pheasant
President