

2000 UNIFORM BUSINESS REPORT (UBR)

1042

DOCUMENT # P99000104835

1. Entity Name

PARADISE SECURITY SERVICES INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 12 AM 11:21

Principal Place of Business

7603 NW 43RD COURT
CORAL SPRINGS FL 33065

Mailing Address

7603 NW 43RD COURT
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0966262

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARADISE, SCOTT
7603 NW 43RD COURT
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
M. Scott Paradise
7603 nw 43 ct, Coral Springs
Florida 33065

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Janice Paradise
7603 nw43 ct. Coral Springs
Florida, 33065

☐ Delete

TITLE
NAME
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Janice Paradise
7603 nw43 ct. Coral Springs
Florida, 33065

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
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CITY-ST-ZIP
Change Addition

TITLE
NAME
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CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21034 (5/00)

AD

-Do Not Detach-

-2-

From: Paradise Security Services Inc.
7603 NW 43rd Court
Coral Springs Fl 33065

To: Division of Corporations
— Uniform Business Report Filings —
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Sir:

Enclosed please find my check for 150.00 dollars for my Uniform Business Report. I called Tallahassee Informed them that this was my first year of filing and I did not receive the first form. They told me to send the business report with a letter and a check for 150.00. Please let me know of your findings at the above address. Thanking you in advance.



Scott Paradise, Pres