

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90062 043 ***158.75

DOCUMENT # *588564*

1. Entity Name

Paradise Isle of Milton Investments, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6555 Hamilton Bridge Rd
Suite, Apt. #, etc.

3. Mailing Address

6555 Hamilton Bridge Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Milton FL

City & State

Milton FL

4. FEI Number

59-3112447

Applied For

☐ Not Applicable

Zip

32570

Country

Santa Rosa

Zip

32570

Country

Santa Rosa

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name *Bleuel-Howard L. Jr*

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

6555 Hamilton Bridge Rd

City

Milton

FL

Zip Code

32570

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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/P*
NAME *Rottenberry, Charles K.*
STREET ADDRESS *7649 River Rd*
CITY-ST-ZIP *Milton FL 32583*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D/P*
NAME *Bleuel Howard L. Jr*
STREET ADDRESS *6555 Hamilton Bridge Rd*
CITY-ST-ZIP *Milton FL 32570*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Howard L. Bleuel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-02

Date

850-981-1631

Daytime Phone #

CR2E034B (12/01)