2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2000 8:00 am
Secretary of State
09-05-2000 90044 044 ***550.00

AUU1J6JU

DO NOT WRITE IN THIS SPACE

DOCUMENT # V10009

1. Entity Name
PARADISE BUSINESS SERVICES, INC.

Principal Place of Business	Mailing Address
30617 US HWY 19 N STE. 304 PALM HARBOR FL 34684 US	30617 US HWY 19 N STE. 304 PALM HARBOR FL 34684 US

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 59-3108744 ☐ 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
WHITTEN, MARIE 3101 GLENWOOD CT. SAFETY HARBOR FL 34695	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete WHITTEN, MARIE 3101 GLENWOOD CT SAFETY HARBOR FL 34695	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 2568 Northfield Lane clearwater, Fl 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete WHITTEN, ALAN 3101 GLENWOOD CT SAFETY HARBOR FL 34695	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 2568 Northfield Lane clearwater, Fl 33761
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/00)

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 REQUIRED Marie Whitten 8-29-00 727-799-4340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #