

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90007 049 ***150.00

DOCUMENT # V10009

1. Entity Name

PARADISE BUSINESS SERVICES, INC.

Principal Place of Business

30617 US HWY 19 N
 STE. 304
 PALM HARBOR FL 34684
 US

Mailing Address

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)

3336 Bahia Avenue

City

Holiday

FL

Zip Code

34690

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

Marie Whitten

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, 2001 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **WHITTEN, MARIE**
 CITY-ST-ZIP **2568 NORTHFIELD LN**
CLEARWATER FL 33761

TITLE ☒ Change ☐ Addition
 NAME **Whitten Marie**
 STREET ADDRESS **3336 Bahia Ave**
 CITY-ST-ZIP **Holiday, FL 34690**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **WHITTEN, ALAN**
 CITY-ST-ZIP **2568 NORTHFIELD LN**
CLEARWATER FL 33761

TITLE ☒ Change ☐ Addition
 NAME **Whitten Alan**
 STREET ADDRESS **3336 Bahia Ave**
 CITY-ST-ZIP **Holiday FL 34690**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Marie Whitten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marie Whitten, Pres. 1/27/01

Date

727-841-8083

Daytime Phone #

CR2E034 (10/00)