

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-21-2003 90358 020 ***150.00

FILED V10009
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 14 PM 4:29

DOCUMENT # V10009

1. Entity Name

PARADISE BUSINESS SOFTWARE, INC.



Principal Place of Business
30617 US 19 NORTH
STE. 304
PALM HARBOR FL 34684
US

Mailing Address
30617 US 19 NORTH
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

DILLINGER, MARIE

30617 US 19 NORTH

SUITE 302

PALM HARBOR FL 34684

Name

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

30617 U.S. 19 N.

Suite 304

City Palm Harbor

FL

Zip Code 34684

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-8-03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DILLINGER, MARIE
STREET ADDRESS 30617 US 19 NORTH, SUITE 304
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 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 #

7/8/03

727-643-4340

CP2E034 (4/03)

7/8/2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

This notice was the first one received by the corporation this year and based on the information found in your FAQ, I am submitting the original \$150.00 filing fee. If there is any further need to contact me, I can be reached at 727-643-4340.

Sincerely,

Marie Dillinger
President
Paradise Business Software, Inc.
Doc # V10009

727-643-4340