


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90655 039 \*\*\*150.00

**DOCUMENT # P02000067902**

1. Entity Name  
**D & J PARADISE PROPERTIES, INC.**



Principal Place of Business  
**86745 OLD HIGHWAY  
D2-3 BOX #8  
ISLAMARADA FL 33036**

Mailing Address  
**86745 OLD HIGHWAY  
D2-3 BOX #8  
ISLAMARADA FL 33036**



2. Principal Place of Business  
**86743 OLD HIGHWAY**  
Suite, Apt. #, etc.  
**Box 8**

3. Mailing Address  
**86743 OLD HIGHWAY**  
Suite, Apt. #, etc.  
**Box 8**

CHECK HERE IF MAKING CHANGES

City & State  
**ISLAMORADA FL**

City & State  
**ISLAMORADA FL**

Zip  
**33036**

Country  
**USA**

4. FEI Number  
**03-0462256**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GLUS, JAMES F  
86745 OLD HIGHWAY  
D2-3 BOX #8  
ISLAMARADA FL 33036**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**86743 OLD HIGHWAY**

**Box 8**

City  
**ISLAMORADA, FL**

Zip Code  
**33036**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>JAMES F GLUS</b>	
STREET ADDRESS <b>86743 OLD HIGHWAY, BOX 8</b>	
CITY-ST-ZIP <b>ISLAMORADA, FL 33036</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JAMES F. GLUS</b>	
STREET ADDRESS <b>86743 OLD HIGHWAY BOX 8</b>	
CITY-ST-ZIP <b>ISLAMORADA, FL 33036</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 REQUIRED** **3/11/03** **305-852-2082**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)