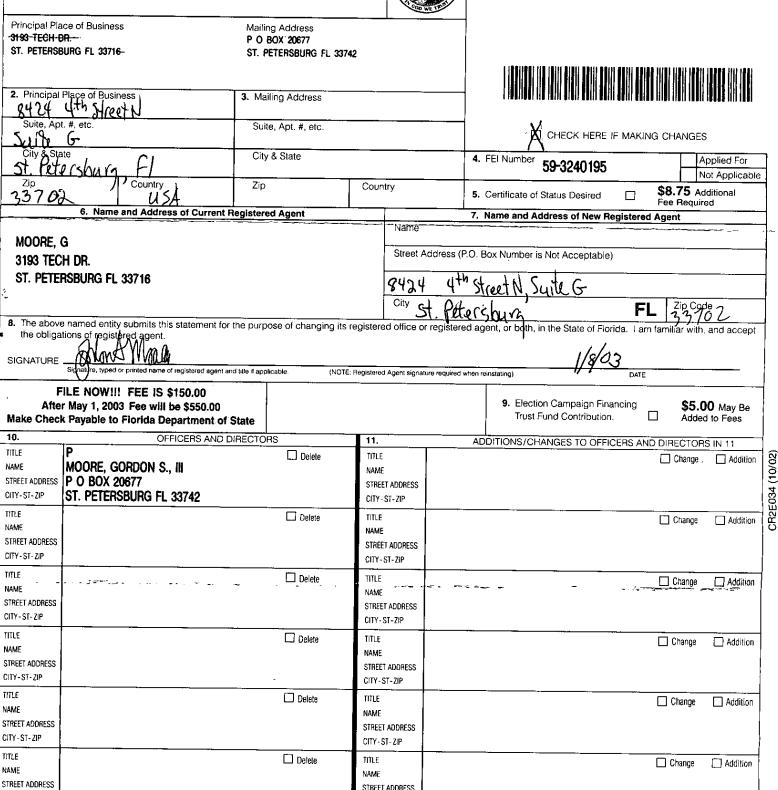
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## P94000031773 DOCUMENT #

1. Entity Name

PARAGON INSURANCE SERVICE, INC.



CITY-ST-ZIP 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:

CITY-ST-ZIP

FILED

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90412 002 \*\*\*150.00