

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000101108

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: PALADIN ASSOCIATES, INC.

## Current Principal Place of Business:

1655 E SEMORAN BLVD  
SUITE 12  
APOPKA, FL 32703 US

## Current Mailing Address:

1655 E SEMORAN BLVD  
SUITE 12  
APOPKA, FL 32703 US

FEI Number: 59-3412055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

1655 E SEMORAN BLVD  
SUITE 28  
APOPKA, FL 32703 US

## New Mailing Address:

1655 E SEMORAN BLVD  
SUITE 28  
APOPKA, FL 32703 US

## Name and Address of Current Registered Agent:

KOHLMANN, JAMES D  
1655 E SEMORAN BLVD  
SUITE 12  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

KOHLMANN, JAMES D  
1655 E SEMORAN BLVD  
SUITE 28  
APOPKA, FL 32703 US

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:

04/30/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete  
Name: KOHLMANN, JAMES D  
Address: 1655 E SEMORAN BLVD, SUITE 12  
City-St-Zip: APOPKA, FL 32703

Title: V ( ) Delete  
Name: KOHLMANN, GLORIA W  
Address: 1655 E SEMORAN BLVD, SUITE 12  
City-St-Zip: APOPKA, FL 32703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change ( ) Addition  
Name: KOHLMANN, JAMES D  
Address: 1655 E SEMORAN BLVD, SUITE 28  
City-St-Zip: APOPKA, FL 32703

Title: V (X) Change ( ) Addition  
Name: KOHLMANN, GLORIA W  
Address: 1655 E SEMORAN BLVD, SUITE 28  
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D. KOHLMANN

P

04/30/2002

Electronic Signature of Signing Officer or Director

Date