

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003829

Entity Name: PAULOS GROUP, INC.**Current Principal Place of Business:**3170 AIRMANS DR UNIT 1085-PALO
FORT PIERCE, FL 34946**Current Mailing Address:**3170 AIRMANS DR UNIT 1085-PALO
FORT PIERCE, FL 34946**FEI Number:** 45-3141310**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCORMICK, MATTHEW
3170 AIRMANS DR UNIT 1085-PALO
FORT PIERCE, FL 34946 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR, PARTNER
Name	MCCORMICK, MATTHEW
Address	3170 AIRMANS DR UNIT 1085-PALO
City-State-Zip:	FORT PIERCE FL 34946

Title	DIRECTOR, BOARD CHAIR
Name	SCHUMAKER, ROBERT
Address	3170 AIRMANS DR UNIT 1085-PALO
City-State-Zip:	FORT PIERCE FL 34946

Title	DIRECTOR, TREASURER
Name	SANDERS, ETHAN
Address	3170 AIRMANS DR UNIT 1085-PALO
City-State-Zip:	FORT PIERCE FL 34946

Title	DIRECTOR, SECRETARY
Name	ZEIGLER, BENJAMIN
Address	3170 AIRMANS DR UNIT 1085-PALO
City-State-Zip:	FORT PIERCE FL 34946

Title	DIRECTOR
Name	SANDERS, JESSE
Address	3170 AIRMANS DR UNIT 1085-PALO
City-State-Zip:	FORT PIERCE FL 34946

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW MCCORMICK**PARTNER****01/13/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date