2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 598797** May 24, 2000 8:00 am Secretary of State 1. Entity Name PARADYNE INTERNATIONAL, INC. 05-24-2000 90074 034 ***150.00 Principal Place of Business Mailing Address 8545-126TH AVE N 8545-126TH AVE N LARGO FL 33773-1502 **LARGO FL 33773** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1885301 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SLATTERY, JAMES L. Street Address (P.O. Box Number is Not Acceptable) 8545 126TH AVE N. LARGO FL 34649 Zip Code 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition K Change TITLE ☐ Delete TITLE MURPHY, PATICK M NAME STREET ADDRESS STREET ADDRESS 3202 W KNIGHTS AVE 4506 W Dale Avenue CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Tampa, FL 33609 K) Change ☐ Addition TITLE SVD ☐ Delete TITLE SLATTERY, JAMES L. NAME NAME P. O. Box 2827 STREET ADDRESS 2065 HUNTERS GLEN DR 403 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** Dunedin, FL 34697 Delete Change TITLE ☐ Addition TITLE___. ... NAME BLACK, BARRY H NAME STREET ADDRESS 3083 Braeloch Circle W. STREET ADDRESS 1911 SANDPIPER DR CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Clearwater, FL 33761 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Change ___ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 tustee employees dexecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with

.. Patrick M. Murphy, President,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

Treasurer

4/28/2000

530-2977