

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000004775****1. Entity Name**
PALADIN FL ASSOCIATES, INCORPORATED**Principal Place of Business**
8515 BAYSHORE ROAD #154
PALMETTO FL 34221**Mailing Address**
8515 BAYSHORE ROAD #154
PALMETTO FL 34221**2. Principal Place of Business**
Suite, Apt. #, etc.**3. Mailing Address**
P.O. BOX 1767
Suite, Apt. #, etc.**City & State**
NOKOMIS FL**Zip**
34274**4. FEI Number** ☒ Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**SMITH NORMAN J
8515 BAYSHORE ROAD #154
PALMETTO FL 34221**7. Name and Address of New Registered Agent**Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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** **09/06/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS**

TITLE	ST <input type="checkbox"/> Delete
NAME	WRIGHT DEBORAH W
STREET ADDRESS	4190 JONES STREET
CITY-ST-ZIP	WELLSVILLE NY 14895
TITLE	P <input type="checkbox"/> Delete
NAME	REBAR PETER A
STREET ADDRESS	406 MADISON AVENUE
CITY-ST-ZIP	OLEAN NY 14760
TITLE	D <input type="checkbox"/> Delete
NAME	FRAHAM DAVID
STREET ADDRESS	170 TRIPHAMMER TERRACE
CITY-ST-ZIP	ITHACA NY 14850
TITLE	C <input type="checkbox"/> Delete
NAME	BAADER PHILIP C
STREET ADDRESS	947 N. UNION STREET
CITY-ST-ZIP	OLEAN NY 14760
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 10

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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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 617, 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:** Peter A. Rebar **P** **09/06/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)