

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000004775

FILED
Jul 25, 2003
Secretary of State

Entity Name: PALADIN FL ASSOCIATES, INCORPORATED

Current Principal Place of Business:

8515 BAYSHORE ROAD #154
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1767
NOKOMIS, FL 34274

New Mailing Address:

FEI Number: 31-1695031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, NORMAN J
8515 BAYSHORE ROAD #154
PALMETTO, FL 34221

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BAADER, PHILIP C
Address: 947 N. UNION STREET
City-St-Zip: OLEAN, NY 14760

Title: D () Delete
Name: REBAR, PETER A
Address: 406 MADISON AVENUE
City-St-Zip: IOLEAN, NY 14760

Title: P () Delete
Name: HIGGINS, JAMES A
Address: 180 WEHLER ROAD
City-St-Zip: SAINT MARYS, PA 15857

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: PETER REBAR

D

07/25/2003

Electronic Signature of Signing Officer or Director

Date