

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90078 023 \*\*\*150.00

DOCUMENT # F01000002996

1. Entity Name

PARADYNE FINANCE CORPORATION

Principal Place of Business

8545 - 126TH AVENUE N.  
LARGO FL 33773

Mailing Address

8545 - 126TH AVENUE N.  
% TAX DEPT.  
LARGO FL 33733

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3633901

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC ☐ Delete  
 NAME BELANGER, SEAN E  
 STREET ADDRESS 3009 OAKMONT DRIVE  
 CITY-ST-ZIP CLEARWATER FL 34621

TITLE President & Director ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VCVS ☐ Delete  
 NAME MURPHY, PATRICK M  
 STREET ADDRESS 4506 W. DALE AVENUE  
 CITY-ST-ZIP TAMPA FL 33609

TITLE VP, CFO, Controller, ☒ Change ☐ Addition  
 NAME Treasurer, Secretary, Director  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V ☒ Delete  
 NAME HAYES, PATRICIA  
 STREET ADDRESS 4375 RUTLEDGE DRIVE  
 CITY-ST-ZIP PALM HARBOR FL 34685

TITLE VP ☐ Change ☒ Addition  
 NAME Barry Black  
 STREET ADDRESS 3057 Braeloch Circle  
 CITY-ST-ZIP Clearwater, FL 33761

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing 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 trustee empowered to execute 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

4/5/2002

(727) 530-2977

Date

Daytime Phone #

CR2E034 (9/01)