

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90245 037 ***150.00

DOCUMENT # F01000005325	
1. Entity Name	
Paramount Mortgage Services, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 231 CROSSWICKS ROAD Suite, Apt. #, etc. 5	3. Mailing Address 231 CROSSWICKS ROAD Suite, Apt. #, etc. 5
City & State BORDENTOWN NJ	City & State BORDENTOWN NJ
Zip 08505	Country USA

54030464

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3039548	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name NRAI SERVICES, INC.	
Street Address (P.O. Box Number is Not Acceptable) 526 E PARK AVE	
City TALLAHASSEE	Zip Code FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MODUGNO, JOHN A 231 CROSSWICKS RD SUITE 5 BORDENTOWN NJ 08505	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-04 609-298-8886