

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90078 034 \*\*\*150.00

**DOCUMENT # F93000003689**

1. Entity Name

**PADDINGTON RESOURCES INC.**

Principal Place of Business

Mailing Address

1761 BUTTONBUSH CIRCLE  
 PALM CITY FL 34990

1761 BUTTONBUSH CIRCLE  
 PALM CITY FL 34990-8093

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0361001**

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

**BEDFORD, BRUCE P**  
**1761 BUTTONBUSH CIRCLE**  
**PALM CITY FL 34990**

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, 2000 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	<b>CPT</b>	<input type="checkbox"/> Delete
NAME	<b>BEDFORD, BRUCE PAUL</b>	
STREET ADDRESS	<b>1761 BUTTONBUSH CIRCLE</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>BEDFORD, SUSAN LOGAN</b>	
STREET ADDRESS	<b>40 WEST 77TH STREET, APT 9A</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10024</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>BEDFORD, JULIE ANN</b>	
STREET ADDRESS	<b>4650 NORTH WASHINGTON BLVD APT 821</b>	
CITY-ST-ZIP	<b>ARLINGTON VA 22201</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RIGOT, JOSEPH M</b>	
STREET ADDRESS	<b>2000 COURTHOUSE PLAZA NE</b>	
CITY-ST-ZIP	<b>DAYTON OH 43401-8801</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BEDFORD, ANN LOGAN</b>	
STREET ADDRESS	<b>1761 BUTTONBUSH CIRCLE</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DM</b>	<input checked="" 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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VICE PRESIDENT, SECRETARY</b>	<input checked="" 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		
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: Bruce Paul Bedford **BRUCE PAUL BEDFORD** 1/4/00 561-971-7894  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #