

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # F97000003500**1. Entity Name
PARADYME EMPLOYER RESOURCES, INC.

Principal Place of Business	Mailing Address
1 HARRISON WAY	1 HARRISON WAY
SUITE 114	SUITE 114
COLUMBIA SC	COLUMBIA SC
29212 US	29212 US

2. Principal Place of Business	3. Mailing Address
1 HARBISON WAY	1 HARBISON WAY

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 114	SUITE 114

City & State	City & State
COLUMBIA SC	COLUMBIA SC

Zip	Country	Zip	Country
29212	US	29212	US

4. FEI Number	Applied For
58-2326187	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 ROADPLANTATION FL
33324 US

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 _____ **05/09/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	S	<input type="checkbox"/> Delete
NAME	LUNDY PAUL	
STREET ADDRESS	1 HARRISON WAY STE 114	
CITY-ST-ZIP	COLUMBIA SC 29212	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDY PAUL	
STREET ADDRESS	1 HARBISON WAY STE 114	
CITY-ST-ZIP	COLUMBIA SC 29212	

TITLE	CFO	<input type="checkbox"/> Delete
NAME	LUNDY PAUL W	
STREET ADDRESS	1 HARRISON WAY STE 114	
CITY-ST-ZIP	COLUMBIA SC 29212	

TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDY PAUL W	
STREET ADDRESS	1 HARBISON WAY STE 114	
CITY-ST-ZIP	COLUMBIA SC 29212	

TITLE	CEO	<input type="checkbox"/> Delete
NAME	BLUBAUGN JOSEPH	
STREET ADDRESS	1 HARRISON WAY STE 114	
CITY-ST-ZIP	COLUMBIA SC 29212	

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUBAUGN JOSEPH	
STREET ADDRESS	1 HARBISON WAY STE 114	
CITY-ST-ZIP	COLUMBIA SC 29212	

TITLE	D	<input type="checkbox"/> Delete
NAME	FABER TIMOTHY B	
STREET ADDRESS	1 HARRISON WAY STE 114	
CITY-ST-ZIP	COLUMBIA SC 29212	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABER TIMOTHY B	
STREET ADDRESS	1 HARBISON WAY STE 114	
CITY-ST-ZIP	COLUMBIA SC 29212	

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		<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		

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: W. Paul Lundy

CFO

05/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)