

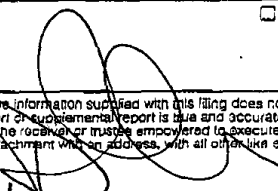
MAR-05-2001 12:16

2001 UNIFORM BUSINESS REPORT (UBR)

P.02

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 20 PM 4:49

DOCUMENT # F99000001010			
1. Entity Name PARAGON HOLDINGS INC.			
Principal Place of Business NEVADA		Mailing Address 1200, 700 - 2nd Street SW Calgary, AB T2P 4V5	
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 59-3588095		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM: 660 East Jefferson Street Tallahassee, FL 32301		7. Name and Address of New Registered Agent Name MATTHEW J. VALCOURT, ESQ Street Address (P.O. Box Number is Not Acceptable) 3437 TYRONE BLVD City ST. PETERSBURG FL Zip Code 33710	
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  DATE 9/4/01 (Signature, typed or printed name of registered agent and state if applicable) (NOTE: Registered Agent signature required when resigning)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐		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 NAME STREET ADDRESS CITY-ST-ZIP	President David Rockstein 121 - 176 Avenue E., Redington Shores, FL 33708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DEAN GRUBER 3433 TYRONE BLVD ST. PETERSBURG FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary R. Gordon Cormie 1200, 700 - 2nd Street SW, Calgary, AB T2P 4V5	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004609728--5 -09/25/01--01015--008 ***550.00 ***550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(f), 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: 		April 4/01 @ 727 341 0547	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Case Daytime Phone #	

C:\2001\04\11\0101