

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 13 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000001936

1. Entity Name

PRAXIS PARADIGM SYNERGIES, INC.

DO NOT WRITE IN THIS SPACE

20801 BISCAYNE BLVD.
SUITE #403
MIAMI FL 33180

3. Mailing Address
401 N TRYON ST
Suite, Apt. #, etc.
NC1-021-02-20

City & State
CHARLOTTE

Zip
28255

Country
Mecklenburg

REINSTATEMENT 01-02

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2164945

Applied For
Not Applicable

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND RD

City
PLANTATION FL Zip Code
33324

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 Dale W. Morris DALE W. MORRIS
Assistant Vice President

9-11-02

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIR / PRES
ANTHONY M. HAGEN
401 N TRYON ST NC1-021-02-20
CHARLOTTE NC 28255

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000008018860--0
-09/25/02--01058--014
22500.00 **900.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SVP
DUANE L. SMITH
401 N TRYON ST NC1-021-02-20
CHARLOTTE NC 28255

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
DANIEL CHAIR
401 N TRYON ST NC1-021-02-20
CHARLOTTE NC 28255

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SEC
MARK W. ANDERSSON
401 N TRYON ST NC1-021-02-20
CHARLOTTE NC 28255

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TREA / CFO
ROBERT A. KEYES, JR.
401 N TRYON ST NC1-021-02-20
CHARLOTTE NC 28255

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Duane L. Smith Duane L. Smith, SVP

9/10/2002 704-388-2460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #