

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90115 001 ***150.00

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1. Entity Name
PARAGON SOFTWARE, INC.

Principal Place of Business
20625 W PENNSYLVANIA AVE
DUNNELLON FL 34431
US

Mailing Address
20625 W PENNSYLVANIA AVE
DUNNELLON FL 34431
US

2. Principal Place of Business
18 Regina Blvd.

3. Mailing Address
18 Regina Blvd.

City & State
Beverly Hills, FL

City & State
Beverly Hills, FL

Zip
34465

Country
USA

Zip
34465

Country
USA

6. Name and Address of Current Registered Agent

GRAYBIEL, LYNN A
4949 E SPRUCE DR
DUNNELLON FL 34434

7. Name and Address of New Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCS GRAYBIEL, LYNN A 4949 E SPRUCE DR DUNNELLON FL 34434 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAYBIEL, LYNN A 4949 E SPRUCE DR DUNNELLON FL 34434 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynn A. Graybiel* **4/30/03** **352-746-2913**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/02)