

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90119 036 ***150.00

DOCUMENT # H39058

1. Entity Name
PARAMOUNT HOLDINGS, INCORPORATED



Principal Place of Business
**505 BIANCA CT.
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**P.O. BOX 151300
ALTAMONTE SPRINGS FL 32715-1300**

2. Principal Place of Business

20750 96th Street
Suite, Apt. #, etc.

3. Mailing Address

20750 96th Street
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Live Oak, FL

City & State

Live Oak, FL

4. FEI Number

59-2487960

Applied For

Not Applicable

Zip

32060

Country

USA

Zip

32060

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WINJUM, ORREN J
505 BIANCA CT.
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name

ORREN J. WINJUM

Street Address (P.O. Box Number is Not Acceptable)

20750 96th Street

City

Live Oak

FL

Zip Code

32060

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	PM	<input type="checkbox"/> Delete
NAME	WINJUM, ORREN J	
STREET ADDRESS	505 BIANCA CT.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROWE, PHYLLIS R	
STREET ADDRESS	505 BIANCA CT.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20750 96th Street	
CITY-ST-ZIP	Live Oak, FL 32060	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20750 96th Street	
CITY-ST-ZIP	Live Oak, FL 32060	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-2003

386-658-1220

Date

Daytime Phone #

CR2E034 (10/02)