

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90283 049 ***150.00

DOCUMENT # K39924

1. Entity Name
PADDOCK ENTERPRISES, INC.



Principal Place of Business
**2831 SPRINGDELL CIRCLE
VALRICO FL 33594**

Mailing Address
**2831 SPRINGDELL CIRCLE
VALRICO FL 33594**



2. Principal Place of Business
715 LOMA LINDA CT

Suite, Apt. #, etc.
BRANDON, FL.

City & State

3. Mailing Address
715 LOMA LINDA CT.

Suite, Apt. #, etc.
BRANDON, FL.

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2926107**

Applied For
Not Applicable

Zip **33511** Country **U.S.A.**
HILLSBOROUGH

Zip **33511** Country **U.S.A.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PADDOCK, ALVIN
2831 SPRINGDELL CIRCLE
VALRICO FL 33594

Name **ALVIN F. PADDOCK**
Street Address (P.O. Box Number is Not Acceptable)
715 LOMA LINDA CT.
BRANDON, FL. 33511
City **BRANDON** FL Zip Code **33511**

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 **Alvin F. Paddock**

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

(NOTE: Registered Agent signature required when reinstating)

4/12/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PADDOCK, ALVIN	
STREET ADDRESS	2831 SPRINGDELL CIRCLE	
CITY-ST-ZIP	VALRICO FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GROVES, ROBERT	
STREET ADDRESS	905 E ROBSON ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GUEVAREZ, JAMES	
STREET ADDRESS	6707 ELIZABETH ST	
CITY-ST-ZIP	TAMPA 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		

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		
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: **Alvin F. Paddock**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-653-1519

CR2E034 (10/02)