## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # L02000026117

1. Entity Name

Principal Place of Business

PARADIGM BILLING COMPANY, L.C.



**FILED** Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90032 045 \*\*\*\*50.00

	2003572	8								
FEI Num	CHECK HERE IF MA	KING C		plied For						
45-		<del></del>	Not Applicable							
1	te of Status Desired	5.00 Add e Require	litional							
Name ar	nd Address of New Registe	red Ag	ent							
Day Mari										
Box Num	ber is Not Acceptable)									
		FL	Zip Code	• <u> </u>						
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reinstating)	٥	ATE								
State				ı						
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			] Change	☐ Addition						
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			P.O. BOX 875 CRYSTAL RIVER FL 34423-0875				20035728					
2. Principal Place of Business 3		3. Mailing	3. Mailing Address									
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & Stat	te .	City & S	City & State			4.	4. FEI Number Applied For Not Applicable					
Zip	Country	Zip	Cou		itry			te of Status Desired		5.00 Add	litional	
6. Name and Address of Current Registered Agent						7.	Name ar	nd Address of New Re			-	
					Name							
HUBBARD, TANA 520 S.E. 8TH AVENUE CRYSTAL RIVER FL 34429					Street Ad	et Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Code	e	
8. The above	named entity submits this statement for	or the purpose	of changing its	registere	ed office or r	registered a	agent, or b	oth, in the State of Flori		niliar with,	and accept	
	ions of registered agent.	p p					-g,	, <del>-</del>		,		
SIGNATURE .			· ·								<u> </u>	
•	Signature, typed or printed name of registered agent	and title if applicab	le. (NOTE	: Registere	d Agent signature	re required when	n reinstating)		DATE			
					FEE IS \$5							
		Make	Check Payable		orida Depa ay 1, 2003		r State	-				
•	MANAGING MEMBI	EDS (MANIACE		10.	27 1, 2000			ADDITIONS/C	HANGES			
9. TITLE	D .	ENS/IVIANAGE	Delete	TITLE	: ' '			ADDITIONS/C		Change	Addition	
NAME	Habbard, Tana	ć		NAM					•			
STREET ADDRESS	520 SE 8th Ave.				ET ADDRESS							
CITY-ST-ZIP	Crystal Biver FL 3	54459		CITY	-ST-ZIP							
TITLE	D Tass af		☐ Delete	TITLE					[	Change	☐ Addition	
name Street address	Hubbard Teremiah 520 SE 8m Ave			NAM STRE	ET ADDRESS							
CITY-ST-ZIP	Crystal-River PZ	34429.			-ST-ZIP							
TITLE		<del> </del>	☐ Delete	TITLE					1	Change	☐ Addition	
NAME	Staleup Victoria			NAM	E							
STREET ADDRESS	520 SE SM AVE	<b>-</b>			ET ADDRESS						ļ	
CITY-ST-ZIP	Crystal River PL	34429			-ST-ZIP		••					
title Name	Charles A Million		☐ Delete	TITLE	6				L	Change	☐ Addition	
STREET ADDRESS	570 SE PANAIR				ET ADDRESS							
CITY-ST-ZIP	Stalcup, William 520 SE 8th Ave Crystal River F	L BVV29		CITY	-ST-ZIP							
TITLE	3		· Delete	TITLE	•		•		ĺ	Change	Addition	
NAME				NAM							]	
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TITLE Name			☐ Delete	TITLE					L	☐ Change	☐ Addition	
STREET ADDRESS			•	1	ET ADDRESS					,	}	
CITY-ST-7IP				CITY	-ST-7IP						· 1	

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered indexecute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

MANAGER, OR AUTHORIZED REPRESENTATIVE

4:21:03