

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90201 019 ***150.00

DOCUMENT # L52479

1. Entity Name
PARADIGM LABORATORIES, INC.



Principal Place of Business
**254 FOGGY CUT LANE
LANDRUM SC 29356**

Mailing Address
**254 FOGGY CUT LANE
LANDRUM SC 29356**

90010882



2. Principal Place of Business

668 INVERNESS COURT

Suite, Apt. #, etc.

3. Mailing Address

← SAME AS BUSINESS

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

NEW SMYRNA BEACH FL

City & State

NEW SMYRNA BEACH FL

4. FEI Number

65-0179342

Applied For

☐ Not Applicable

Zip

32168

Country

USA

Zip

32168

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WHITE, MICHELLE

877 NE 18TH CT

APT #5

FT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name

Judi White

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

668 INVERNESS COURT

City

NEW SMYRNA BEACH

FL

Zip Code

32168

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

Judith A. White

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-03

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 **PD** ☐ Delete
NAME **WHITE, ROBERT O**
STREET ADDRESS **254 FOGGY CUT LANE**
CITY-ST-ZIP **LANDRUM SC 29356**

TITLE **VSTD** ☐ Delete
NAME **WHITE, JUDITH A**
STREET ADDRESS **254 FOGGY CUT LANE**
CITY-ST-ZIP **LANDRUM SC 29356**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Address** ☒ Change ☐ Addition
NAME
STREET ADDRESS **668 INVERNESS COURT**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **Address** ☒ Change ☐ Addition
NAME
STREET ADDRESS **SAME AS ABOVE**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Judith A. White **Judith A. White** **1-21-03 (386) 478-1817**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)