

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L80716

1. Entity Name

PARAGON BUSINESS SYSTEMS INC.

Principal Place of Business

Mailing Address

8817 W COLONIAL DR
OCOE FL 34761
US

P.O. BOX 680698
ORLANDO FL 32868-0698
US

2. Principal Place of Business

3. Mailing Address

4512 PARKWAY COMMERCE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

4. FEI Number 59-3013250

Applied For

Not Applicable

Zip

32808

Country

USA

Zip

Country

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

DALESSANDRO, ANTHONY J.
1411 CALATHEA DR.
ORLANDO FL 32818

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME DALESSANDRO, ANTHONY J.
STREET ADDRESS 1411 CALATHEA DR.
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE V
NAME DALESSANDRO, PATRICIA J
STREET ADDRESS 1411 CALATHEA DR
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

A J DALESSANDRO *AJ Dalessandro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/01

Date

407-293-3311

Daytime Phone #

CR2E034 (10/00)

0483917

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90077 041 ***150.00



DO NOT WRITE IN THIS SPACE