

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90371 049 \*\*\*\*50.00

**DOCUMENT # L98000002548**

1. Entity Name

**PARAGON INVESTMENT ADVISORS, L.C.**

Principal Place of Business

**8805 TAMiami TRAIL NROTH. SUITE 122  
 NAPLES FL 34108**

Mailing Address

**8805 TAMiami TRAIL NROTH. SUITE 122  
 NAPLES FL 34108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0874945**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PINTER, MICHAEL R ESQ.  
 4328 CORPORATE SQUARE, SUITE C  
 NAPLES FL 34104**

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. 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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
 NAME **CHATFIELD, OLIVIA B**  
 STREET ADDRESS **2205 ARIELLE DR., #1304**  
 CITY-ST-ZIP **NAPLES FL 34109**

☒ Change ☐ Addition  
 TITLE **9017 WHIMBREL WATCH LN #101**  
 NAME **NAPLES FL 34109**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
 NAME **PAPA, HUGO**  
 STREET ADDRESS **2205 ARIELLA DR., E1304**  
 CITY-ST-ZIP **NAPLES FL 34109**

☒ Change ☐ Addition  
 TITLE **9017 WHIMBREL WATCH LN #101**  
 NAME **NAPLES FL 34109**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
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11. 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 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**7/9/02**  
 Date

**239-598-5400**  
 Daytime Phone #

CR2E083 (4/02)