

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 AM 10: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004610

1. Entity Name

PALADIN INTERNATIONAL GROUP, LLC

PALADIN GROUP INTERNATIONAL, LLC

Principal Place of Business

1634 MAIN ST.  
SARASOTA FL 34236

Mailing Address

1634 MAIN ST.  
SARASOTA FL 34236-5811

2. Principal Place of Business

3. Mailing Address

PO Box 3319

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL

Zip

Country

Zip

Country

34236 Sarasota

4. FEI Number

65-0933502

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

Name

GEORGE V. FAMIGLIO

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

1634 MAIN STREET

City

SARASOTA, FL

FL

Zip Code

34236

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 member applicable

(NOTE: Registered Agent signature required when replacing)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME LANA PAT FINK  
STREET ADDRESS 1634 MAIN ST.  
CITY-ST-ZIP SARASOTA FL 34236

TITLE MGR ☒ Change ☐ Addition  
NAME PALADIN INTERNATIONAL, LTD  
STREET ADDRESS 1634 MAIN STREET  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)