

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90024 050 ****61.25

DOCUMENT # N03000010651 1. Entity Name THE PARAGON INSTITUTE FOR ADVANCEMENT THROUGH EDUCATION & TECHNOLOGY, INC.	
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Principal Place of Business 1006 CROSS CREEK BLVD. SUITE 155 TAMPA, FL 33647	Mailing Address 1006 CROSS CREEK BLVD. SUITE 155 TAMPA, FL 33647
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54034051



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04012004 Chg-NP CR2E037 (10/03)

4. FEI Number 20-0497683	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TULLO, ANDREA T FORIZ & DOGALI, PL 4301 ANCHOR PLAZA PKWY SUITE 300 TAMPA, FL 33634		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D Andrea T. Tullo
STREET ADDRESS		STREET ADDRESS	17812 Sandpine Trace Way
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33647
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D Gregory Kaiser
STREET ADDRESS		STREET ADDRESS	5736 Central Avenue
CITY-ST-ZIP		CITY-ST-ZIP	St. Petersburg, FL 33707
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D Ruben Lopez
STREET ADDRESS		STREET ADDRESS	2451 Brickell Ave., #9S
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33129
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D Thomas Tullo
STREET ADDRESS		STREET ADDRESS	10740 Cory Lake Drive
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33647
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 617, 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  **Andrea T. Tullo, Director** 4/14/04 813-289-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #