

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013035

1. Entity Name

PARADIGM REAL ESTATE GROUP, INC.

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90013 014 ***550.00

Principal Place of Business

3200 SUGARLOAF KEY ROAD
PUNTA GORDA FL 33955

Mailing Address

3200 SUGARLOAF KEY ROAD
PUNTA GORDA FL 33955

2. Principal Place of Business

5710 S. Chiquita Blvd.

Suite, Apt. #, etc.

3. Mailing Address

4021 Sunrise Blvd.

Suite, Apt. #, etc.

00059887



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral FL

City & State

Cape Coral FL

4. FEI Number

59-3639330

Applied For

Not Applicable

Zip

33914

Country

USA

Zip

33914

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, JAMES E III
1625 WEST MARION AVENUE
SUITE 2
PUNTA GORDA FL 33950

Leave the
same

7. Name and Address of New Registered Agent

Name: ~~Gregg Truxton~~
Street Address: ~~12800 University Dr.~~
Suite 340
City: ~~Fort Myers~~ FL Zip Code: ~~33907~~

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

TITLE: President
NAME: Peter T. McGough
STREET ADDRESS: 4021 Sunrise Blvd.
CITY-ST-ZIP: Cape Coral FL 33914 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

Peter T. McGough Pres Peter T. McGough 24 July 01 941/628-3004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0538336

CR2E034 (10/00)