

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000035118**

FILED

1. Entity Name
PARAGON FINCTIC UNIT 514

01 SEP 28 AM 9:19

Principal Place of Business Mailing Address
7980 SLEEPY BAY BLVD 7980 SLEEPY BAY BLVD
NAVARRE, FL 32566 NAVARRE, FL 32566

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business 3. Mailing Address
701 S ATLANTIC AVE PO BOX 928
Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT 614

WB **100004641941--1**
-10/18/01--01064--017
******150.00 ****150.00**
DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
DAYTONA BEACH, FL DAYTONA, BEACH FL 59-3669573 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
32118 VOLUSIA 32115 VOLUSIA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

EMBRY, BECKY M Name **EMBRY, BECKY M**
7980 SLEEPY BAY BLVD Street Address (P.O. Box Number is Not Acceptable) **701 SOUTH ATLANTIC UNIT 614**
NAVARRE, FL 32566 City **DAYTONA BEACH, FL** Zip Code **32118**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D EMBRY, BECKY M <input type="checkbox"/> Delete 7980 SLEEPY BAY BLVD NAVARRE FL 32566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EMBRY, BECKY M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 S ATLANTIC UNIT 614 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MCARTHUR, MICHELLE A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6988 KNOX ST NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Becky M Embry* *Pres.* Date *9/25/01* Daytime Phone # *1386-316-6094*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)