FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 26, 2001 8:00 am DOCUMENT # P00000051401 **Secretary of State** 1. Entity Name PARADIGM 2000, INC. 03-26-2001 90043 030 ***150.00 Principal Place of Business Mailing Address 4420 BEACON CIRCLE 4420 BEACON CIRCLE WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 00028520 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STANTON, ROGER C Street Address (P.O. Box Number is Not Acceptable) 4420 BEACON CIRCLE SUITE 100 WEST PALM BEACH FL 33407 Zin Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITI F John H. Perry, Jr. 4420 Beacon Circle, Ste 100 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP West Palm Beach, FL 33407 Director ☐ Change TITLE ☐ Delete TITLE I. Helena Perry NAME NAME 4420 Beacon circle, Ste 100 STREET ADDRESS STREET ADDRESS West Palm Beach, FL 33407 CITY-ST-7IP CITY-ST-ZIP Philip H. Ward, III TITLE ☐ Delete TITLE Change Addition NAME NAME Director 4420 Beacon circle, Ste 100 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP West Palm Beach, FL 33407 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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: -

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01 842-3001

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