

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90125 031 ***150.00

DOCUMENT # P00000066943

1. Entity Name
PARAMOUNT COMMUNITY SERVICES, INC.



Principal Place of Business
6985 SE 108TH ST.
BELLEVIEW FL 34420

Mailing Address
6985 SE 108TH ST.
BELLEVIEW FL 34420



2. Principal Place of Business
5 Dogwood Trl Ct
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1766
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Ocala FL

City & State
Belleview FL

4. FEI Number **59-3664281**

Applied For
Not Applicable

Zip
34472

Country

Zip
34421

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FINNIE, GREGORY K
6985 SE 108TH ST.
BELLEVIEW FL 34420

7. Name and Address of New Registered Agent

Name

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

14225 SE 100th Ave

City

Summerfield

FL

Zip Code

34491

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FINNIE, GREGORY K**
STREET ADDRESS **P. O. BOX 1766**
CITY-ST-ZIP **BELLEVIEW FL 34421**

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

TITLE **D** ☐ Delete
NAME **FINNIE, SHEILA**
STREET ADDRESS **P. O. BOX 1766**
CITY-ST-ZIP **BELLEVIEW FL 34421**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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: *Gregory Finnie* **SIGNATURE REQUIRED** **Gregory Finnie Sr** **4-17-03** **352687-9887**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)