

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90087 022 ***150.00

DOCUMENT # P00000082530

1. Entity Name
PARAGON ADVERTISING, INC.

Principal Place of Business

716 E AMELIA ST.
ORLANDO FL 32803

Mailing Address

716 E AMELIA ST.
ORLANDO FL 32803

2. Principal Place of Business

4703 Fontana Street

Suite, Apt, #, etc.

3. Mailing Address

4703 Fontana Street

Suite, Apt, #, etc.

City & State
Orlando FL

City & State
Orlando, FL

4. FEI Number
54-3668827

Applied For
☐ **Not Applicable**

Zip
32807

Country
USA

Zip
32807

Country
USA

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

6. Name and Address of Current Registered Agent

FORST, ANN MARIE
716 E AMELIA ST.
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name
Ann Marie Frost

Street Address (P.O. Box Number is Not Acceptable)
4703 Fontana Street

City **Orlando** **FL** **Zip Code** **32807**

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 *Ann Marie Frost*

Ann Marie Frost

2/2/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FROST, ANN MARIE	
STREET ADDRESS	716 E AMELIA ST.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Frost, Ann Marie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4703 Fontana St.	
STREET ADDRESS	Orlando, FL 32807	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ann Marie Frost*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/02 407-282-0520

Date Daytime Phone #

CR2E034 (9/01)