

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90128 021 ***150.00

DOCUMENT # P00000082530

1. Entity Name
PARAGON ADVERTISING, INC.



Principal Place of Business
4703 FONTANA STREET
ORLANDO FL 32807

Mailing Address
4703 FONTANA STREET
ORLANDO FL 32807

90013430



2. Principal Place of Business

1724 Powder Ridge Dr.

Suite, Apt. #, etc.

3. Mailing Address

1724 Powder Ridge Dr.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Valrico, FL

City & State
Valrico, FL

4. FEI Number
54-3668827

Applied For
Not Applicable

Zip
33594

Country
USA

Zip
33594

Country
USA

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

6. Name and Address of Current Registered Agent

FORST, ANN MARIE
4703 FONTANA STREET
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name
Ann Marie Frost
Street Address (P.O. Box Number is Not Acceptable)
1724 Powder Ridge Drive
City
Valrico
FL
Zip Code
33594

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE
1/23/03

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**

10. OFFICERS AND DIRECTORS

TITLE
DP
NAME
FROST, ANN MARIE
STREET ADDRESS
4703 FONTANA ST
CITY-ST-ZIP
ORLANDO FL 32807

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DP
NAME
Ann Marie Frost
STREET ADDRESS
1724 Powder Ridge Drive
CITY-ST-ZIP
Valrico, FL 33594

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
1/23/03
Daytime Phone #
407-448-1960

CR2E034 (10/02)