## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 24, 2002 8:00 am § Secretary of State DOCUMENT # P00000093726 1. Entity Name 03-24-2002 90012 013 \*\*\*158.75 PARADIGM DIRECT, INC. Principal Place of Business Mailing Address 619 N REO ST 619 N REO ST TAMPA FL 33609 TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address 5420 W. CYPRESS ST 5420 W. Cypress ST. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Gity & State City & State 4. FEI Number Applied For 59-3692957 AM PA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired HILLSBOROLA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent: - - -Name TOWNSEND, DAVID A Street Address (P.O. Box Number is Not Acceptable) **608 W HARATIO ST** TAMPA FL 33606-2228 Zip Code 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. 10 WNSEND Signature, typed or printed name of registered agent and title if applicable 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP Delete TITLE NAME REAM, KELLY P NAME 420 W. CYPRESS ST STREET ADDRESS STREET ADDRESS 619 N REO ST . CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33609 TITLE ☐ Defete TITLE Change ☐ Addition DST NAME NAME REAM, JOAN 420 W CYPRISS ST STREET ADDRESS STREET ADDRESS <del>-619 N REO ST</del> CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** TITLE Delete -TITLE DV ☐ Addition W. Scott REAM NAME NAME PINTO, MICHAEL A 5420 WCYPRISS SI STREET ADDRESS STREET ADDRESS 619 N REO ST CITY-ST-ZIP CITY-ST-ZIP <u>TAMPA FL 33609</u> Addition ☐ Delete TITLE ERALO L. KEAM NAME NAME 5420 W. CYPRESS ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

CR2E034 (9/01)