

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90010 015 ***150.00

DOCUMENT # P01000005184

1. Entity Name
PARAGON CASE MANAGEMENT, INC.

Principal Place of Business
450 STATE ROAD 13 N STE 106 #151
JACKSONVILLE FL 32259

Mailing Address
450 STATE ROAD 13 N STE 106 #151
JACKSONVILLE FL 32259



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2955 Hartley Road
Suite, Apt. #, etc. Suite 104B
City & State Jacksonville, FL
Zip 32257 Country Dual

3. Mailing Address
2955 Hartley Road
Suite, Apt. #, etc. Suite 104B
City & State Jacksonville, FL
Zip 32257 Country Dual

4. FEI Number **58-2597276** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
ANDERSON, LISA
1547 MAYFIELD ROAD
JACKSONVILLE FL 32259

7. Name and Address of New Registered Agent
Name Lisa Anderson
Street Address (P.O. Box Number is Not Acceptable) 1547 Mayfield Road
City Jacksonville, FL FL Zip Code 32259

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 Lisa Anderson, DV Lisa Anderson 4-30-02
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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, NANCY		NAME		
STREET ADDRESS	7625 KELMSCOT WAY		STREET ADDRESS		
CITY-ST-ZIP	RALEIGHT NC 27615		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, LISA		NAME		
STREET ADDRESS	1547-MAYFIELD RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32259		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHBURN, CARLA		NAME		
STREET ADDRESS	134 WIND CHIME CT		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27615		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Lisa Anderson **4-30-02** **904-287-7898**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)