2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100008237

1. Entity Name

PARAGONA PROPERTIES, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90786 038 ***150.00

Principal Place of Business 9724 CYPRESS SHADOW AVE TAMPA FL 33647			AVE			60026163 14144 14144 14144 14144 14144 14144 14144 14144 14144 14144 14144 14144 14144 14144			
2. Principal Place of Business 3.				. Mailing Address			6 8111 6816 1 1 9 116 1	03 8 (111) 1001 1001	
Suite, Apt. #, etc.						☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			h5-1061/Q3		Applied For Not Applicable	
Country	Zip Cour					Certificate of Status Desired		Additional uired	
and Address of Current	Registere	d Agent			7. N	Name and Address of New Regist	ered Agent		
DRAKEFORD & DRAKEFORD,A PROFESSIONAL ASSOC 2212 E 4TH AVE				Name Street Address		ox Number is Not Acceptable)			
3				City			FL Zip (Code	
submits this statement for ered agent.	r the purpo	ose of changing its	registered	office or re	gistered ag	ent, or both, in the State of Florida.	I am familiar w	ith, and accept	
or printed name of registered agent a	and title if appl	licable. (NOTE	: Registered A	gent signature	required when re	einstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					` ,	Election Campaign Financir Trust Fund Contribution.		5.00 May Be Ided to Fees	
OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 11	
		☐ Delete	TITLE				☐ Chan	ge 🔲 Addition	
NGER, ROBERT L 24 CYPRESS SHADOW AVE MPA FL 33647			STREET						
R, DAISY J ESS SHADOW AVE	AISY J SHADOW AVE		TITLE NAME STREET ADDRESS				☐ Chan	ge Addition	
33647	٠ ــــــــــــــــــــــــــــــــــــ	· · · · · · · · · · · · · · · · · · ·	-	-ZIP	<u> </u>	eta eta e tari	<u> </u>		
		∟ Delete	NAME STREET				∟ Chan	ge 🗌 Addition (
***		☐ Defete	TITLE NAME STREET A	ADDRESS			☐ Chan	ge	
9.50		☐ Delete	TITLE NAME STREET	ADDRESS			☐ Chan	ge 🗀 Addition	
		☐ Delete					☐ Chan	ge 🔲 Addition	
	Country and Address of Current FFORD,A PROFESSION submits this statement for ered agent. FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of OFFICERS AND OFFICERS AND OBERT L ESS SHADOW AVE 33647 ER, DAISY J ESS SHADOW AVE	ess 3. Mail City Country Zip and Address of Current Registere EFORD,A PROFESSIONAL ASS submits this statement for the purporered agent. printed name of registered agent and title it app FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of State OFFICERS AND DIRECTOR OFFICERS AND DIRECTOR OBERT L ESS SHADOW AVE 33647	### STANDOW TAMPA FL 33647 ### Suite, Apt. #, etc. City & State	### BY A CYPRESS SHADOW AVE TAMPA FL 33647 ### Country	### ### ### ### ### ### ### ### ### ##	and Address of Current Registered Agent Country Zip Country Zip Country Street Address (PO. B City Street Address (PO. B City Submits this statement for the purpose of changing its registered office or registered agent. FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of State OFFICERS AND DIRECTORS Delete TILE NAME STREET ADDRESS CITY -ST-ZIP Delete STREET ADDRESS CITY -ST-ZIP Delete	Sulte, Apt. #, etc. CHECK HERE IF M.	TAMPA FL 33647 GRISS SHADOW AVE THE BESS SHADOW AVE T	

12. Thereby 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 AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTO

Robert L. Singer, Presidant

4/28/03

Daytime Phone #

CR2E034 (10/