

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90083 041 \*\*\*150.00

**DOCUMENT # P01000043853**

1. Entity Name

**PARADIGM PLUMBING, INC.**

Principal Place of Business

**6424 S.E. THOMAS DRIVE  
 STUART FL 34997**

Mailing Address

**6424 S.E. THOMAS DRIVE  
 STUART FL 34997**

2. Principal Place of Business

**6424 S.E. THOMAS DRIVE  
 Suite, Apt. #, etc.  
 Suite D8  
 City & State  
 Jupiter, FL  
 Zip  
 33455  
 Country  
 USA**

3. Mailing Address

**6424 S.E. THOMAS DRIVE  
 Suite, Apt. #, etc.  
 Suite D8  
 City & State  
 Jupiter, FL  
 Zip  
 33455  
 Country  
 USA**

4. FEI Number

**65-108454**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRETT, MATTHEW D  
 6424 S.E. THOMAS DRIVE  
 STUART FL 34997**

Name

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

City

**FL**

Zip Code

9. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10. 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 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>BARRETT, MATTHEW D</b>     |                                 |
| STREET ADDRESS | <b>6424 S.E. THOMAS DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>STUART FL 34997</b>        |                                 |
| 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          | <b>Change</b>                | <input checked="" type="checkbox"/> Addition                      |
| NAME           | <b>Modena, Larry S.</b>      |   |
| STREET ADDRESS | <b>1620 Lakeside Gardens</b> |   |
| CITY-ST-ZIP    | <b>Jupiter, FL 33455</b>     |   |
| 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34 (9/01)