

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90035 018 \*\*\*158.75

**DOCUMENT #** P01000055485

**1. Entity Name**

Paramount Printing & Services, Inc ✓

**DO NOT WRITE IN THIS SPACE**

B0018083

**2. Principal Place of Business**

5157 Eppins Ln  
Suite, Apt. #, etc.

**3. Mailing Address**

5157 Eppins Ln  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Zephyrhills FL

**City & State**

Zephyrhills FL

**4. FEI Number**

65-111258

**Applied For:**

Not Applicable

**Zip**  
33541

**Country**  
US

**Zip**  
33541

**Country**  
US

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

**7. Name and Address of Current Registered Agent**

**Name**

Thomas J. Roche

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

5157 Eppins Lane

**City**

Zephyrhills

**FL**

**Zip Code**

33541

**DO NOT WRITE  
IN THIS SPACE**

**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**

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.**  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

President  
Thomas J. Roche  
5157 Eppins Lane  
Zephyrhills FL 33541

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

Vice President  
Sean P. Parker  
11905 Dietz Drive  
Tampa FL 33626

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

Secretary  
Bernard Parker  
11905 Dietz Drive  
Tampa FL 33626

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Thomas J. Roche

**Date**

1/16/01

**Daytime Phone #**

813  
997 0399

CR2E034B (12/01)