

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

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90058 004 \*\*\*158.75

**DOCUMENT #** P61 000063300  
**1. Entity Name**  
Paramount Marketing Specialists, Inc.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 1650 Sandlake Rd Suite, Apt. #, etc. 255 City & State Orlando, FL Zip 32809 Country US		<b>3. Mailing Address</b> Same Suite, Apt. #, etc. City & State Zip Country	
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-3726949	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**  
Name  
Christopher Maday  
Street Address (P.O. Box Number is Not Acceptable)  
1650 Sandlake Rd Suite 255  
City  
Kissimmee Orlando FL Zip Code  
32809

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> President <b>NAME</b> Joseph O. Rogewitz <b>STREET ADDRESS</b> 3425 Sugarmill Rd <b>CITY-ST-ZIP</b> Kissimmee, FL 34741
<b>TITLE</b> Vice President <b>NAME</b> Christopher Maday <b>STREET ADDRESS</b> 3425 Sugarmill Rd <b>CITY-ST-ZIP</b> Kissimmee, FL 34741
<b>TITLE</b> Secretary <b>NAME</b> Amanda Rutledge <b>STREET ADDRESS</b> 3425 Sugarmill Rd <b>CITY-ST-ZIP</b> Kissimmee, FL 34741
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
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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:**  **Chris Maday VP** 4/30/02 (407) 581-0679  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)