

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063300		
1. Entity Name PARAMOUNT MARKETING SPECIALISTS, INC.		
Principal Place of Business 7061 GRAND NATIONAL DRIVE ORLANDO, FL 32819 US		Mailing Address 7061 GRAND NATIONAL DRIVE ORLANDO, FL 32819 US
2. Principal Place of Business 1650 Sandlake Rd Suite 255 Suite, Apt. #, etc. 255 City & State Orlando, FL Zip 32809 Country USA		3. Mailing Address 1650 Sandlake Rd Suite 255 Suite, Apt. #, etc. 255 City & State Orlando, FL Zip 32809 Country USA
4. FEI Number 59-6726949		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MADAY, CHRIS 16 DOVERTON WAY POINCIANA, FL 34758		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent's signature required when installing) Signature, typed or printed name of registered agent and title if applicable. DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERWITZ, JOSEPH O 3425 SUGARMILL RD KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MADAY, CHRISTOPHER 3425 SUGARMILL RD KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUTLEDGE, AMANDA 3425 SUGARMILL RD KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>J.O. Rogewitz</u> 4/28/03 (401) 581-0679 Signature, typed or printed name of signing officer or director Date Daytime Phone #		

90129653



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)