FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 14, 2002 8:00 am Secrétary of State DOCUMENT # P01000065435 1. Entity Name 07-14-2002 90049 042 ***550.00 PARAGON TITLE CORPORATION OF NORTHEAST FLORIDA. INC. Principal Place of Business Mailing Address 444 THIRD STREET 444 THIRD STREET NEPTUNE BEACH FL 32266 **NEPTUNE BEACH FL 32266** 2. Principal Place of Business 3. Mailing Address 4686 Suberan 4686 Sunbean Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For JAcksonville 1naksonville 59-37-28950 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired DUVAL Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOULD, STEPHEN A Street Address (P.O. Box Number is Not Acceptable) 444 THIRD STREET **NEPTUNE BEACH FL 32266** 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 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE $\mathcal{D}_{\cdot,j}$ v P Delete TITLE Addition NAME COPELAND, DANIEL M NAME COPERAND, DANGER M. STREET ADDRESS anom windown wour 12444 MANDARIN ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32223 CITY-ST-ZIP JACKSONLICLE, FL. 32223 TITLE ☐ Delete TITLE **Change** ☐ Addition NAME Copeland, Sharon L. COPELAND, SHARON L NAME STREET ADDRESS 12444 MANDARIN ROAD STREET ADDRESS 12444 MANDARIN ROAD CITY-ST-ZIP JACKSONVILLE FL 32223 CITY-ST-ZIP JACKSONVILLY EC. 32223 Delete TÎTLE D ☐ Change ☐ Addition NAME LAVIN. JULIE STILLMAN NAME STREET ADDRESS STREET ADDRESS 3939 CHEVAL BOULEVARD CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TEL M. COPSIAND 7/10/02 (904)413-099/
DIRECTOR Date Destine Phone #

☐ Delete

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

Change

☐ Addition