

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90368 018 ***150.00

DOCUMENT # P01000072400

1. Entity Name

PARADIGMA, INC.

Principal Place of Business

700 S FEDERAL HIGHWAY SUITE 200-SZG
BOCA RATON FL 33432

Mailing Address

700 S FEDERAL HIGHWAY SUITE 200-SZG
BOCA RATON FL 33432

2. Principal Place of Business

1162 NW 68 PLACE

3. Mailing Address

1162 NW 68 PLACE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

PARKLAND, FL

City & State

PARKLAND, FL

Zip

33076

Country

USA

Zip

33076

Country

USA

4. FEI Number

65-1125642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN

700 S FEDERAL HIGHWAY SUITE 200-SZG
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

WILLIAM HAL WELLSFORD

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

1162 NW 68 PLACE

City

PARKLAND

FL

Zip Code

33076

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

William Hal Wellsford

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

04/03/02

DATE

9. 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 **PRESIDENT** ☐ Delete
NAME **WILLIAM HAL WELLSFORD**
STREET ADDRESS **1162 NW 68 PLACE**
CITY-ST-ZIP **PARKLAND, FL 33076**

TITLE **SECRETARY** ☐ Delete
NAME **CHRISTINE C. WELLSFORD**
STREET ADDRESS **1162 NW 68 PLACE**
CITY-ST-ZIP **PARKLAND, FL 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **WILLIAM HAL WELLSFORD**
STREET ADDRESS **1162 NW 68 PLACE**
CITY-ST-ZIP **PARKLAND, FL 33076**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **CHRISTINE C. WELLSFORD**
STREET ADDRESS **1162 NW 68 PLACE**
CITY-ST-ZIP **PARKLAND, FL 33076**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

William Hal Wellsford **WILLIAM HAL WELLSFORD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/02

Date

703 962 3085 (cell)

Daytime Phone #

CR2E034 (9/01)