

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

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90165 001 ***150.00

DOCUMENT # P04000128729	
1. Entity Name	
PARAGON CREDIT CORPORATION	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4300 WEST CYPRESS STREET		3. Mailing Address P.O. BOX 18512	
Suite, Apt. #, etc. SUITE 800		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA	
Zip 33607	Country USA	Zip 33679	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1677534		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name F & L CORP	
Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE	
SUITE 1300	
City JACKSONVILLE	FL Zip Code 32202

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**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T, D ANDREW J MAY 4300 WEST CYPRESS ST TAMPA, FL 33607
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:



ANDREW J MAY

4/28/2005

(813) 637-8305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #