


AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 DEC -2 PM 12: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PG4000141811			
1. Entity Name PARADIGM Properties of Sarasota, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2515 Tanglewood Dr <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2515 Tanglewood Dr <small>Suite, Apt. #, etc.</small>	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34239 Country USA		Zip 34239 Country USA	
FEI Number 20-1776360		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Stephen F. Voigt			
Street Address (P.O. Box Number is Not Acceptable) 2042 Bee Ridge Rd			
City Sarasota FL Zip Code 34239			
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 Stephen F. Voigt		DATE 11-30-04	
<small>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</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sherri Krams 2515 Tanglewood Dr Sarasota FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000043128230 12/02/04--01036--009
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	07/12/3	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.			
SIGNATURE: Sherri Krams		DATE 11-30-04 DAYTIME PHONE 941-308-3489	

CR2E-034B (12/02)

000043128230
12/02/04--01036--009 **\$61.25