

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

0098278 AV

DOCUMENT # P92000008055

1. Entity Name

PARAGON MANAGEMENT COMPANY, INC.

08-01-2001 90001 003 ***550.00

Principal Place of Business

~~4968 KESTRAL PARKWAY, NORTH~~
~~SARASOTA FL 34231~~

Mailing Address

~~4968 KESTRAL PARKWAY, NORTH~~
~~SARASOTA FL 34231~~

00059848



2. Principal Place of Business

7748 Alister Mackenzie
 Suite, Apt. #, etc.

3. Mailing Address

Same as
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota Florida

City & State

Principal place of business

4. FEI Number

65-0377554

Applied For

Not Applicable

Zip

34240

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYONS, ROBERT E

4968 KESTRAL PARKWAY NORTH
SARASOTA FL 34231

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.

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 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ Delete
 NAME **LYONS, ROBERT E**
 STREET ADDRESS **4968 KESTRAL PKWY NO**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **STD** ☐ Delete
 NAME **LYONS, AMY E**
 STREET ADDRESS **4968 KESTRAL PKWY NO**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Robert Lyons
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)