

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

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90145 042 ***150.00

DOCUMENT # P92000010339

1. Entity Name

Paramount Financial, Inc.



DO NOT WRITE IN THIS SPACE

90137659

2. Principal Place of Business

1250 Douglas Ave

3. Mailing Address

1250 Douglas Ave.

Suite, Apt. #, etc.

Ste. 100

Suite, Apt. #, etc.

Ste. 100

DO NOT WRITE IN THIS SPACE

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

59-3156491

Applied For

Not Applicable

Zip

32779

Country

Seminole

Zip

32779

Country

Seminole

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Steven K. Hope

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

1250 Douglas Ave, Ste. 100

City

Longwood

FL

Zip Code

32779

**DO NOT WRITE
IN THIS SPACE**

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]

Steven K. Hope

5-21-03

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

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	
NAME	D Hope, Steven K.
STREET ADDRESS	1250 Douglas Ave, Ste. 100
CITY-ST-ZIP	Longwood, FL 32779
TITLE	
NAME	Birge, Stephen R.
STREET ADDRESS	1250 Douglas Ave, Ste. 100
CITY-ST-ZIP	Longwood, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

[Signature]

Steven K. Hope

5-21-03

407-862-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)