

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010075

1. Entity Name  
PARAGON ROOFING, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90015 029 \*\*\*150.00

Principal Place of Business

6350 S BABCOCK ST  
PALM BAY FL 32909

Mailing Address

2360 HUNTER LANE  
MALABAR FL 32950-3565  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3164016**

Applied For  
Not Applicable

Zip

Country

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

CAUDILL, VALERIE B  
2360 HUNTER LANE  
MALABAR FL 32950

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV** ☐ Delete  
NAME **CAUDILL, JOHN A**  
STREET ADDRESS **2360 HUNTER LANE**  
CITY-ST-ZIP **MALABAR FL**

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

TITLE **DPTS** ☐ Delete  
NAME **CAUDILL, VALERIE B**  
STREET ADDRESS **2360 HUNTER LANE**  
CITY-ST-ZIP **MALABAR FL**

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

TITLE **V** ☐ Delete  
NAME **CAUDILL, KENNETH G.**  
STREET ADDRESS **131 AMERICANA BLVD. SW**  
CITY-ST-ZIP **PALM BAY FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1928 AGORA CIR #106 SE**  
CITY-ST-ZIP **PALM BAY, FL 32909**

TITLE **V** ☐ Delete  
NAME **SLAUGHTER, DAVID**  
STREET ADDRESS **1400 GIBBS ST**  
CITY-ST-ZIP **MELBOURNE FL 32901**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*JOHN A CAUDILL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

321-676-2322

Daytime Phone #

CR2E034 (9/99)