## 2001 UNIFORM BUSINESS REPORT (UBR) Feb 05, 2001 8:00 am DOCUMENT # P93000069349 **Secretary of State** PARAGON RELIABLE ORGANIZATION, INC. 02-05-2001 90130 018 \*\*\*150.00 Principal Place of Business Mailing Address 4890 DAVIS BLVD. 4890 DAVIS BLVD. NAPLES FL 33942 NAPLES FL 33942 CONTINON 3. Mailing Address 164 Palmetto Dunes Gircle Principal Place of Business bunes Circle 64 Palmetto DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 65-0452583 City & State City & State 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHELTON, GRETCHEN V Street Address (P.O. Box Number is Not Acceptable) 6031 HOLLOW DRIVE NAPLES FL 34112 Zip Code City 8. The above named exitity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 12-30-00 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Addition TITLE Delete TITLE Change SHELTON, PHILLIP NAME NAME **6031 HOLLOW DRIVE** STREET ADDRESS STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP CITY-ST-ZIP TS ☐ Change ☐ Addition TITLE Delete TITLE SHELTON, GRETCHEN NAME NAME 6031 HOLLOW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34112 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition VALK, FAYANN NAME NAME 1104 Palmetto Dunes Circle. 1164 PALMETTO DUNES CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34113 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE VALK, WILLARD N NAME NAME 164 PALMETTO DUNES CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34113 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME