

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000069349

FILED
Jan 20, 2003
Secretary of State

Entity Name: PARAGON RELIABLE ORGANIZATION, INC.

Current Principal Place of Business:

164 PALMETTO DUNES CIRCLE
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

164 PALMETTO DUNES CIRCLE
NAPLES, FL 34113

New Mailing Address:

FEI Number: 65-0452583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALK, WILLARD N
164 PALMETTO DUNES CIRCLE
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHELTON, PHILLIP
Address: 6031 HOLLOW DRIVE
City-St-Zip: NAPLES, FL 34112

Title: TS () Delete
Name: SHELTON, GRETCHEN
Address: 6031 HOLLOW DRIVE
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: VALK, FAYANN
Address: 164 PALMETTO DUNES CIRCLE
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: VALK, WILLARD N
Address: 164 PALMETTO DUNES CIRCLE
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SHELTON, PHILLIP
Address: 3021 66TH ST SW
City-St-Zip: NAPLES, FL 34116

Title: TS (X) Change () Addition
Name: SHELTON, GRETCHEN
Address: 3021 66TH SW
City-St-Zip: NAPLES, FL 34116

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: VALK, WILLARD N
Address: 164 PALMETTO DUNES CIRCLE
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLARD N. VALK

P

01/20/2003

Electronic Signature of Signing Officer or Director

_____ Date