

# 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

Electronic Signature of Signing Officer or Director

P

01/20/2003

\_\_\_\_\_ Date