

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

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90033 011 ***150.00

DOCUMENT # **P93000081257**

1. Entity Name

PARAGON CUSTOM BUILDING, INC



DO NOT WRITE IN THIS SPACE

94030692

2. Principal Place of Business

7809 SADDLE CREEK TRAIL

Suite, Apt. #, etc.

N/A

3. Mailing Address

7809 SADDLE CREEK TRAIL

Suite, Apt. #, etc.

N/A

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34241

Country

USA

Zip

34241

Country

USA

4. FEI Number

65-0459932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JOHN T. SCANSAROLE

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

7809 SADDLE CREEK TRAIL

City

SARASOTA

FL

Zip Code

34241

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

John T. Scansarole

JOHN T. SCANSAROLE

3/13/04

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
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
JOHN T. SCANSAROLE
7809 SADDLE CREEK TRAIL
SARASOTA FL 34241**

TITLE
NAME
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CITY - ST - ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

John T. Scansarole

JOHN T. SCANSAROLE

3/13/04 941 350 5370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)