

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90134 012 ***150.00

DOCUMENT # P94000081467

1. Entity Name
PARAGON APPRAISAL GROUP, INC.

Principal Place of Business
2135 CANDLERIDGE COURT
OVIEDO FL 32765
Mailing Address
2135 CANDLERIDGE COURT
OVIEDO FL 32765-6139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3278957
Applied For
Not Applicable

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

BOSER, GEORGE M
2135 CANDLERIDGE COURT
OVIEDO FL 32765

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

Table with 5 rows for Officers and Directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox. Row 1: P BOSER, GEORGE M. 2135 CANDLERIDGE COURT OVIEDO FL. Row 2: VST BOSER, CAROL S. 2135 CANDLERIDGE COURT OVIEDO FL.

Table for Additions/Changes to Officers and Directors in 11. Includes fields for Title, Name, Street Address, City-ST-ZIP, Change, and Addition checkboxes.

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/00 407-306-4764
Date Daytime Phone #

CR2E034 (9/99)