

FILED

Jun 27, 2002 8:00 am
Secretary of State

05-13-2002 90096 034 ***150.00

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

DOCUMENT # P94000081467

1. Entity Name

PARAGON APPRAISAL GROUP, INC.

DO NOT WRITE IN THIS SPACE

95358

2. Principal Place of Business

2135 Candleridge CT
Suite, Apt. #, etc.

3. Mailing Address

2135 Candleridge Ct
Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Oviedo, FL

Zip

32765

Country USA

Zip

32765

Country USA

4. FEI Number

59-3278957

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name George M. Boser

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

2135 Candleridge Ct.

City Oviedo

FL

Zip Code 32765

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS


TITLE	P
NAME	GEORGE M. BOSER
STREET ADDRESS	2135 Candleridge CT
CITY-ST-ZIP	Oviedo, FL 32765
TITLE	VST
NAME	CAROL S. BOSER
STREET ADDRESS	2135 Candleridge CT
CITY-ST-ZIP	Oviedo, FL 32765
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

407-3064764

Daytime Phone #

CR2E034B (12/01)