

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011637

1. Entity Name

PARIS FUNDING, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90228 037 \*\*\*150.00

Principal Place of Business

Mailing Address

~~54 CARLOUEL DR~~  
~~CLEARWATER-FL-33767~~  
US

P.O. BOX 3804  
CLEARWATER FL 33767-8804  
US

702464



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12701 126th Ave N #226  
Suite, Apt. #, etc.  
#226

PO Box 3804  
Suite, Apt. #, etc.

City & State

City & State

LARGO FL

Clearwater FL

Zip

Zip

33774

Country

Country

USA

33767-8804

USA

4. FEI Number

59-3296387

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

PARIS, LILLIAN G  
54 CARLOUEL DR  
CLEARWATER FL 33767

Name

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

12701 126th Ave N #226

City

LARGO

FL

Zip Code

33774

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

*Lillian G. Paris* LILLIAN G. PARIS

1/9/2000

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PARIS, LILLIAN G	
STREET ADDRESS	<del>54 CARLOUEL DR</del>	
CITY-ST-ZIP	<del>CLEARWATER FL 33767</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PARIS, LILLIAN G.	
STREET ADDRESS	12701 126th Ave N. #226	
CITY-ST-ZIP	LARGO FL 33774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

*Lillian G. Paris* LILLIAN G. PARIS

1-9-2000

727-  
596-1021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #