

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90064 050 ***150.00

DOCUMENT # P95000011637

1. Entity Name
PARIS FUNDING, INC.



Principal Place of Business
7045 BAYOU WEST PL
PINELLAS PARK FL 33782-4547
US

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



2. Principal Place of Business
11258 111th Avenue
Ste 100

3. Mailing Address
Same

City & State
Largo

Suite, Apt. #, etc.
Same

☒ CHECK HERE IF MAKING CHANGES

Zip
33778

Country
USA

Zip

Country

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

PARIS, LILLIAN G
7045 BAYOU WEST PL
PINELLAS PARK FL 33782-4547

7. Name and Address of New Registered Agent

Name
PARIS Lillian G
Street Address (P.O. Box Number is Not Acceptable)
11258 111th Avenue
City
Largo FL Zip Code
33778

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
Lillian G Paris

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
P
PARIS, LILLIAN G ☐ Delete
7045 BAYOU WEST PLACE
PINELLAS PARK FL 33782-4547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P ☒ Change ☐ Addition
PARIS, LILLIAN G.
11258 111th Avenue
LARGO FL 33778

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lillian G Paris **Lillian Paris**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2003 727-644-8034
Day Daytime Phone #

CR2E034 (10/02)