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FILED
Jun 04, 2002 8:00 am
Secretary of State

05-14-2002 90348 028 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051053

1. Entity Name
Paradigm Shift, Inc

DO NOT WRITE IN THIS SPACE

91298

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2. Principal Place of Business	3. Mailing Address
931 Village Blvd	931 Village Blvd
Suite, Apt. #, etc. Ste 905-94	Suite, Apt. #, etc. Ste 905-94
City & State W Palm Beach FL	City & State W Palm Beach FL
Zip 33409 Country US	Zip 33409 Country US

4. FEI Number 65-0596274 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Carla Bryant
Street Address (P.O. Box Number is Not Acceptable): 2000 Presidential Way #1602
City: W Palm Beach FL Zip Code: 33401

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] 5/31/02
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	President
NAME	Carla Bryant
STREET ADDRESS	2000 Presidential Way 1602
CITY-ST-ZIP	W Palm Beach FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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] 4/25/02 561.686.6357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #