FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 21 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/04/02--01060--023
****300.00 ****300.00

DO NOT WRITE IN THIS SPACE

DOCUMENT #

1. Entity Name

PARADIGM 21, INC P95000055640

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8484 EAGLE PRESERVE WAY
Suite, Apt. #, etc.
City & State: SARASOTA FL
Zip: 34241 Country:

3. Mailing Address
8484 EAGLE PRESERVE WAY
Suite, Apt. #, etc.
City & State: SARASOTA FL
Zip: 34241 Country:

4. FEI Number: 65-0853717 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JESSE RETTIG

Street Address (P.O. Box Number is Not Acceptable): 8484 EAGLE PRESERVE WAY

City: SARASOTA FL Zip Code: 34241

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: _____ JESSE RETTIG 04/22/02
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	JESSE RETTIG
STREET ADDRESS	8484 EAGLE PRESERVE WAY
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	VICE PRESIDENT
NAME	SANDRA KENNEDY
STREET ADDRESS	8484 EAGLE PRESERVE WAY
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	
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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: _____ President 04/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #