

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057685

1. Entity Name

PARAGON GENERAL CONTRACTING, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90098 034 ***150.00

Principal Place of Business

2900 14TH ST N
STE 5
NAPLES FL 34103
US

Mailing Address

P.O. BOX 9043
NAPLES FL 34101-9043
US

2. Principal Place of Business

2780 S. Horseshoe Dr.

Suite, Apt. #, etc.

Suite 1

City & State

Naples, FL

Zip

34104

Country

3. Mailing Address

2780 S. Horseshoe Dr.

Suite, Apt. #, etc.

Suite 1

City & State

Naples, FL

Zip

34104

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3325757

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALFORD, PAUL R
2900 14TH STREET N
STE 5
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Paul R. Alford

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

2780 S. Horseshoe Dr.

Suite 1

City

Naples

FL

Zip Code

34104

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

Paul R. Alford Paul R. Alford, President

1/13/00

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

TITLE PVSD ☐ Delete
NAME ALFORD, PAUL R
STREET ADDRESS 290 14TH ST N STE 5
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete
NAME GREIVELL, MARK D
STREET ADDRESS 569 CYPRESS WAY EAST
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVSD ☒ Change ☐ Addition
NAME Paul R. Alford
STREET ADDRESS 2780 S. Horseshoe Dr., Suite 1
CITY-ST-ZIP Naples, FL 34104

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

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

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TITLE ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul R. Alford Paul R. Alford, President

1/13/00

941-643-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)