

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079760

1. Entity Name

PARADIGM INVESTIGATIONS, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90018 040 ***150.00

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 8728 N MANDARINE #B TAMPA FL 33617 US | P.O. BOX 292576 TAMPA FL 33687-2576 US |

| | |
|--|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| 7219 N. 40th Street Suite, Apt. #, etc. Tampa FL | Suite, Apt. #, etc. |
| City & State | City & State |

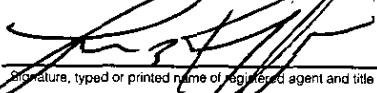


DO NOT WRITE IN THIS SPACE

| | | | |
|----------------------------------|--------------------------|--------------------------------|---------|
| 4. FEI Number | 59-3347449 | Applied For | |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country |
| 33604 | USA | | |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| KEFFER, LAWRENCE B 8728 N MANDARINE #B TAMPA FL 33617 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

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  (NOTE: Registered Agent signature required when reinstating) DATE 1-17-00

| | | |
|---|--|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KEFFER, LAWRENCE B 2780 N RIVERSIDE DR #802 TAMPA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Keffer, Lawrence B 7219 N 40 street Tpc FL 33604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  1-17-00 813 988-0988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #