

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90128 022 \*\*\*150.00

**DOCUMENT # P95000091237**

**1. Entity Name**  
**PARAGON CONTRACTING SERVICES, INC.**



**Principal Place of Business**  
**1900 WINSTON ROAD**  
**KNOXVILLE TN 37919**  
**US**

**Mailing Address**  
**PO BOX 30698**  
**KNOXVILLE TN 37919**  
**US**

**90020829**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0622859**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>VTD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DICKERSON, JAMES H JR</b>	
<b>STREET ADDRESS</b>	<b>3000 GALLERIA TOWER., STE 1000</b>	
<b>CITY-ST-ZIP</b>	<b>BIRMINGHAM AL 35244</b>	
<b>TITLE</b>	<b>VSD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>FINLEY, SARA J</b>	
<b>STREET ADDRESS</b>	<b>3000 GALLERIA TOWER., STE 1000</b>	
<b>CITY-ST-ZIP</b>	<b>BIRMINGHAM AL 35244</b>	
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MASSINGALE, H- LYNN H MD</b>	
<b>STREET ADDRESS</b>	<b>1900 WINSTON ROAD., STE 300</b>	
<b>CITY-ST-ZIP</b>	<b>KNOXVILLE TN 37919</b>	
<b>TITLE</b>	<b>VT</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>JONES, DAVID</b>	
<b>STREET ADDRESS</b>	<b>1900 WINSTON RD</b>	
<b>CITY-ST-ZIP</b>	<b>KNOXVILLE TN 37919</b>	
<b>TITLE</b>	<b>DVS</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HATCHER, MICHAEL</b>	
<b>STREET ADDRESS</b>	<b>1900 WINSTON RD</b>	
<b>CITY-ST-ZIP</b>	<b>KNOXVILLE TN 37919</b>	
<b>TITLE</b>	<b>AS</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>STAIR, JOHN R</b>	
<b>STREET ADDRESS</b>	<b>1900 WINSTON RD</b>	
<b>CITY-ST-ZIP</b>	<b>KNOXVILLE TN 37919</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1/31/03**

**865-293-5665**  
Date Daytime Phone #

CR2E034 (10/02)