

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
 05-17-2001 91327 033 \*\*\*150.00

**DOCUMENT # P96000032518**

1. Entity Name  
**PALADIN INVESTMENT GROUP, INC.**

Principal Place of Business Mailing Address

**C0067318**

2. Principal Place of Business  
**4878 Sandbar Willow Ct.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**Box 585249**  
 Suite, Apt. #, etc.

City & State  
**Orlando, Fla 32808**  
 Zip Country  
**32808 USA**

City & State  
**Orlando, Fl 32858-5249**  
 Zip Country  
**32858-5249 USA**

4. FEI Number  
**59-3514631**  
 Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

Name  
**Michael Wright**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4878 Sandbar Willow Ct.**  
 City  
**Orlando, FL** Zip Code  
**32808**

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 **Michael Wright**

**April 23, 2001**

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) **XXX**

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**Pres, VPres, Sec, Treas** ☐ Delete  
 NAME  
**Michael Wright**  
 STREET ADDRESS  
**4878 Sandbar Willow Ct.**  
 CITY-ST-ZIP  
**Orlando, Fla 32808**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: Michael Wright, Pres.**

**April 23, 2001 (407)295-8946**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)