

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91309 018 \*\*\*150.00

**DOCUMENT # P96000032518**

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



Principal Place of Business  
**63 NEWBERRY RD  
QUINCY FL 32352**

Mailing Address  
**63 NEWBERRY RD  
QUINCY FL 32352**

**11024532**



2. Principal Place of Business

**1750 Hutchinson Ferry Rd**  
Suite, Apt. #, etc.

3. Mailing Address

**Box 470**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Quincy FLA**

City & State  
**Quincy FLA**

4. FEI Number **59-1952357**

Applied For  
Not Applicable

Zip Country  
**32352 USA**

Zip Country  
**32353-0470 USA**

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

6. Name and Address of Current Registered Agent

**WRIGHT, MICHAEL  
4878 SANDBAR WILLOW COURT  
ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name **WRIGHT, Michael**  
Street Address (P.O. Box Number is Not Acceptable)  
**1750 Hutchinson Ferry Rd**  
City **Quincy** FL Zip Code **32352**

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 **Michael Wright (Michael WRIGHT)**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4/25/03**  
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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☒ Delete  
NAME **WRIGHT, MICHAEL**  
STREET ADDRESS **4878 SANDBAR WILLOW COURT**  
CITY-ST-ZIP **ORLANDO FL 32808**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition  
NAME **WRIGHT, Michael**  
STREET ADDRESS **1750 Hutchinson Ferry Rd #470**  
CITY-ST-ZIP **Quincy FLA 32353-0470**

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

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

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

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

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

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: **Michael Wright, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/03** **850 875 2271**  
Date Daytime Phone #

CR2E034 (10/02)