FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90740 003 ***150.00

673348

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067502

1. Entity Name

Paragon Communications of North Florida, Inc. ✓

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 170 > New address	P.O. Box 170 > new address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32085 Country: St. Johns	Zip: 32085 Country: St. Johns

4. FEI Number: 59-3403814 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert C Johnson

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

1586 US Hwy 1 S. → old address

3765 Arrowhead dr. → New address

City: St Augustine FL Zip Code: 32084

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: X _____ 05-21-02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President, CEO Robert C. Johnson 3765 Arrowhead Dr. St. Augustine, FC 32086
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 05-21-02 904.810.7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #