

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90113 012 ***150.00

DOCUMENT # P96000067525

1. Entity Name

OO PARADIGM CONSULTING, INC.

Principal Place of Business

7738 150 PLACE NORTH
PALM BEACH GARDENS FL 33418

Mailing Address

7738 150 PLACE NORTH
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

5432 EAGLE LAKE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

5432 EAGLE LAKE DRIVE

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

Zip

33418

Country

USA

Zip

33418

Country

USA

4. FEI Number

65-0687759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, DENNIS R
7738 150 PLACE NORTH
NO PALM BEACH FL 33418

7. Name and Address of New Registered Agent

Name

PARSONS & BENTON, LLC

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

1224 U.S. HIGHWAY ONE, SUITE H

City

NORTH PALM BEACH

FL

Zip Code

33408

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

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) ☐

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ADAMS, DENNIS R
CITY-ST-ZIP 7738 150 PLACE NORTH
PALM BEACH GARDENS FL 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Dennis R Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

Date

561-691-0034

Daytime Phone #

CR2E034 (10/00)