

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073429

1. Entity Name

PARAMOUNT CAPITAL CORPORATION

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90060 007 ***150.00

Principal Place of Business

Mailing Address

4955 CYPRESS TRACE DRIVE
TAMPA FL 33624

4955 CYPRESS TRACE DRIVE
TAMPA FL 33624-6909

2. Principal Place of Business

3. Mailing Address

19325 AQUA SPRINGS DR.
Suite, Apt. #, etc.

19325 AQUA SPRINGS DR.
Suite, Apt. #, etc.

City & State

City & State

LUTZ, FL

LUTZ, FL

Zip
33549

Country

Zip

33549

Country

4. FEI Number

59-2982655

Applied For

Not Applicable

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

DORSETT, STEPHEN M
4955 CYPRESS TRACE DRIVE
TAMPA FL 33624

Name

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

19325 AQUA SPRINGS DR.

City
TAMPA

FL

Zip Code
33549

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, 2000 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 | PT | <input type="checkbox"/> Delete |
| NAME | DORSETT, STEPHEN M | |
| STREET ADDRESS | 4955 CYPRESS TRACE DRIVE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DORSETT, MARGARET L | |
| STREET ADDRESS | 4955 CYPRESS TRACE DR | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | ANDERSON, JAMES | |
| STREET ADDRESS | 2676 WALNUT DR | |
| CITY-ST-ZIP | PALM HARBOUR FL 34683 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ANDERSON, SUSAN F | |
| STREET ADDRESS | 2676 WALNUT DR | |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00

813 265 1070

CR2E034 (9/99)