

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 13 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000082531

1. Entity Name  
ADVANCED PARADIGM GROUP INCORPORATED



Principal Place of Business  
3267 PROGRESS DRIVE  
SUITE 117  
ORLANDO FL 32826  
US

Mailing Address  
1097 HOWELL HARBOR DR  
CASSELBERRY FL 32707-5800  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3406875

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

HERRMAN, WILLIAM R ESQ  
409 MONTGOMERY ROAD  
SUITE 105  
ALTAMONTE SPRINGS FL 32714

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC  
NAME ROSEY, ROBERT L  
STREET ADDRESS 1097 HOWELL HARBOR DR  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500023757285  
10/13/03--01080--010 \*\*\*300.00

TITLE V  
NAME HARWOOD, EVERETT E  
STREET ADDRESS 3874 S. LAKE ORLANDO PARKWAY  
CITY-ST-ZIP ORLANDO FL 32808

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME THOMPSON, JAMES  
STREET ADDRESS 2709 WEKIVA MEDOWS COURT  
CITY-ST-ZIP APOPKA FL 32712

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME PICONE, PAUL  
STREET ADDRESS 837 N. LAKE CLAIRE CIRCLE  
CITY-ST-ZIP OVIEDO FL 32765

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03 4072077249  
Date Daytime Phone #

21 10/15



Advanced Paradigm Group Inc.

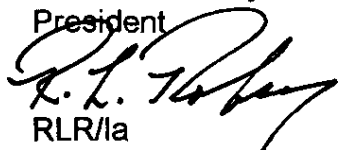
October 3, 2003

Division of Corporations  
Attn: Sean Toner  
PO Box 1500  
Tallahassee, FL 32302-1500

Re Annual Reports, Advanced Paradigm Group, Inc., and Opssoft Inc.

Per your request I have attached a replacement check along with copies of the annual reports that were filed. We have ~~issued a stop payment~~ for check number 201736. In the event that this check is found and cashed it will be returned to you. If you have the means to make notes in our records, please not this so that they do not revoke our annual report. If I can be of any further assistance please feel free to contact me at 407.383.7888.  
Best Regards,

Robert L. Robey  
President



RLR/la

Incl:

Check 201760  
UBR APG/Opssoft  
Dept of Revenue Letter dtd 9/3/03