

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000006269**1. Entity Name
PARADIGM OF INDIAN RIVER INC.Principal Place of Business
S1 OYSTER CUT
VERO BEACH FL 32963
Mailing Address
S1 OYSTER CUT
VERO BEACH FL 329632. Principal Place of Business
106 RIVER OAK DRIVE
3. Mailing Address
106 RIVER OAK DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
VERO BEACH FL
City & State
VERO BEACH FLZip
32963
Country
Zip
32963
Country4. FEI Number
65-0723693
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**WASHBURN ROBERT E
81 OYSTER CUT
VERO BEACH FL 32963
US**7. Name and Address of New Registered Agent**Name
WASHBURN ROBERT E
Street Address (P.O. Box Number is Not Acceptable)
106 RIVER OAK DRIVE
City
VERO BEACH FL
Zip Code
32963

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 _____ **01/04/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	☐ Delete
NAME	WASHBURN ROBERT E	
STREET ADDRESS	81 OYSTER CUT	
CITY-ST-ZIP	VERO BEACH FL 32963	
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		

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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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: Robert E. Washburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres 01/04/2001

Date Daytime Phone #

CR2E034 (11/00)