2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 OCT -3 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000014068

1. Entity Name

ParaMed 2000, Inc.

Principal Place of Business
3847 S.E.LAKE WEIR ROAD
OCALA FL 34480

Mailing Address
3847 S.E.LAKE WEIR ROAD
OCALA FL 34480-7125

900003455939--4
-11/07/00--01113--014
****900.00 ****900.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number 59-3429315 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Taylar Butler
3847 S.E.LAKE WEIR ROAD
OCALA FL 34480

7. Name and Address of New Registered Agent

Name

Street Addr[illegible] 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, [illegible] oth, in the State of Florida.

SIGNATURE [signature] 9-29-00
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 $350.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
Director/Secretary Taylar Butler 3847 S.E.LAKE WEIR ROAD OCALA FL 34480	☐
Director/CEO/CFO James K. Isenhour 3847 SE Lake Weir Road Ocala, Florida 34480	☐
	☐
	☐
	☐
	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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] CFO 9/29/00