## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 02, 2001 8:00 am Secretary of State DOCUMENT # **P97000077094** PARAGON CAPITAL MANAGEMENT, INC. 03-02-2001 90079 046 \*\*\*150.00 Principal Place of Business Mailing Address 6550 RIDGEWOOD DR. 6550 RIDGEWOOD DR. NAPLES FL 34108 NAPLES FL 34108 5 0 0 M 5 0 F 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3467839 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WENTZEL, WILLETT E JR Street Address (P.O. Box Number is Not Acceptable) 6550 RIDGEWOOD DR. NAPLES FL 34108 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME WENTZEL, WILLETT E JR STREET ADDRESS STREET ADDRESS 6550 RIDGEWOOD DR. CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34108 TITLE Delete TITLE ☐ Change ■ Addition NAME WENTZEL, DIANA STREET ADDRESS STREET ADDRESS 6550 RIDGEWOOD DR CITY-ST-7IP CITY-ST-7fP NAPLES FL 34108 □ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/26/00

941-597-3929

☐ Change

☐ Addition

CR2E034 (10/00)

Daytime Phone #