

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90031 038 ***150.00

DOCUMENT # P97000094460

1. Entity Name
PARAGON PAINTING CONTRACTORS, INC.

Principal Place of Business
**3680 INVESTMENT LANE
WEST PALM BEACH FL 33404**

Mailing Address
**P.O. BOX 31526
PALM BEACH GARDENS FL 33420**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3680 Investment Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Riviera Beach FL

City & State

4. FEI Number **65-0795107**

Applied For

Not Applicable

Zip
33404

Country
PB

Zip

Country

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

**SHOREY, TODD M
15670 S W FAMEL AVE
INDIANTOWN FL 34956**

Name
Shorey, Todd M
Street Address (P.O. Box Number is Not Acceptable)
3680 Investment Lane

City **Riviera Beach** **FL** Zip Code **33404**

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 **Todd M. Shorey Pres.** **1-18-02**
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, 2002 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	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOREY, TODD		NAME	Shorey, Todd	
STREET ADDRESS	15670 S E FAMEL AVE		STREET ADDRESS	3680 Investment Lane	
CITY-ST-ZIP	INDIANTOWN FL 34956		CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			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 filers empowered.

SIGNATURE: **Todd M. Shorey Pres.** **1-18-02** **561-722-7766**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)