

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**  
 06-05-2000 90007 004 \*\*\*150.00

**DOCUMENT # P97000107057**

1. Entity Name  
**PARAGON CUSTOM HOMES II, INC.**

Principal Place of Business      Mailing Address  
 1265 ROYAL PALM ROAD      1265 ROYAL PALM ROAD  
 BOCA RATON FL 33486      BOCA RATON FL 33486-4415

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0801725**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CARMAN, DEBORAH A**  
**165 EAST PALMETTO PARK ROAD**  
**BOCA RATON FL 33432**

7. Name and Address of New Registered Agent  
 Name **Jeffery Woods**  
 Street Address (P.O. Box Number is Not Acceptable) **1265 W Royal Palm rd.**  
 City **Boca Raton** FL **33486**

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 *Jeffery Woods* **Jeffery Woods** **4-30-00**  
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 \$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                      | SDV                  | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WOODS, JEFFERY       |                                 | NAME  |  |   |
| STREET ADDRESS             | 1265 ROYAL PALM ROAD |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | BOCA RATON FL 33486  |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | DP                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SIZEMORE, BRUCE      |                                 | NAME  |  |   |
| STREET ADDRESS             | 1265 ROYAL PALM ROAD |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | BOCA RATON FL 33486  |                                 | 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   |  |   |
| 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   |  |   |

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: *Jeffery Woods* **Jeffery Woods** **04-30-00** **(561) 750-4010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)