

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90122 026 ***150.00

DOCUMENT # **P980000007680**

1. Entity Name

PARADIGM SPORTS CORPORATION

831225

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5311 EAST BUSCH BLVD

3. Mailing Address
5311 EAST BUSCH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TEMPLE TERRACE, FL

City & State
TEMPLE TERRACE, FL

4. FEI Number 59-3492347

Applied For
Not Applicable

Zip
33617

Country
U.S.A.

Zip
33617

Country
U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MCMILLAN, JOHN E

Street Address (P.O. Box Number is Not Acceptable)

9385 N 56TH STREET 200

City
TEMPLE TERRACE

FL

Zip Code
33617

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P O'BRIEN, TERRY D 5311 EAST BUSCH BLVD TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCMILLAN, JOHN E 9385 N 56TH ST. SUITE 200 TEMPLE TERRACE, FL 33617
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

Date

813 988 5135

Daytime Phone #

CR2E034B (12/01)