

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

00088899 AV

DOCUMENT # P98000016598

1. Entity Name

PARAGON RESOURCES INC.



FILED
03 NOV 14 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1820 HYPOLUXO ROAD C-1
LAKE WORTH FL 33462

Mailing Address
1820 HYPOLUXO ROAD C-1
LAKE WORTH FL 33462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0562387

Applied For

Not Applicable

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

NEMBACH, KARL
1820 HYPOLUXO RD
C-1
LAKE WORTH FL 33462

Name

Street Address (P.O. Box 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, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NEMBACH, KARL	
STREET ADDRESS	4527 HUNTING TRAIL	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	171 LAS BRISAS CIRCLE	
CITY-ST-ZIP	HYPOLUXO, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200024713222	
CITY-ST-ZIP	11/14/03--01074--002 **150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Karl Nembach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

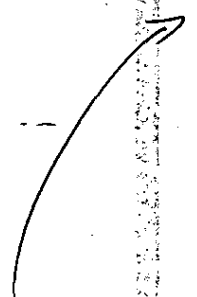
11/10/03 561-547-3730
Date Daytime Phone #

CR2E034 (4/03)

1823		BAL BRO'T FOR'D	
DATE	4/15/03	DEPOSITS	
TO	Blue Cross Blue Shield		
FOR		TOTAL	
		THIS CHECK	268 00
		OTHER	
TAX DEDUCTIBLE		BALANCE	

1824		BAL BRO'T FOR'D	
DATE	4/17/03	DEPOSITS	
TO	Michelle Carmo		
FOR	Office Cleaning	TOTAL	
		THIS CHECK	95 00
		OTHER	
TAX DEDUCTIBLE		BALANCE	

1825		BAL BRO'T FOR'D	
DATE	4/17/03	DEPOSITS	
TO	Florida Dept of State		
FOR	UBR Report	TOTAL	
		THIS CHECK	150 00
		OTHER	
TAX DEDUCTIBLE		BALANCE	


 This check was sent with the report in April. I am resending another check (#1907) to try and get everything cleared up. Thanks for your help!! Karl