

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018402

1. Entity Name  
PARADIGM MARKETING ASSOCIATES, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**  
05-14-2001 90176 038 \*\*\*150.00

Principal Place of Business  
2119 BENDWAY DR.  
PORT CHARLOTTE FL 33948

Mailing Address  
P.O. BOX 2345  
PORT CHARLOTTE FL 33949



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1464 MARACAIBO ST.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
PORT CHARLOTTE, FL

City & State  
PORT CHARLOTTE, FL

Zip  
33980

Country  
CHARLOTTE

Zip  
33980

Country  
FL

4. FEI Number 65-0816501

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

KISSINGER, MICHAEL K  
2119 BENDWAY DR.  
PORT CHARLOTTE FL 33948

## 7. Name and Address of New Registered Agent

Name MICHAEL K. KISSINGER  
Street Address (P.O. Box Number is Not Acceptable)  
1464 MARACAIBO STREET  
City PORT CHARLOTTE FL Zip Code 33980

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]* DATE 4/28/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KISSINGER, MICHAEL K P O BOX 2345, 2119 BENDWAY DRIVE PORT CHARLOTTE FL 33949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KISSINGER, PEGGY P O BOX 2345, 2119 BENDWAY DRIVE PORT CHARLOTTE FL 33949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KISSINGER, MICHAEL K. P.O. Box 2345, 1464 MARACAIBO ST. PORT CHARLOTTE, FL 33949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KISSINGER, PEGGY P.O. Box 2345, 1464 MARACAIBO ST. PORT CHARLOTTE, FL 33949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE 4/28/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)