

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018402

1.

Entity Name

PARADIGM MARKETING ASSOCIATES, INC.

Principal Place of Business

1464 MARACAIBO STREET
PORT CHARLOTTE FL 33980

Mailing Address

P.O. BOX 2345
PORT CHARLOTTE FL 33949

2. Principal Place of Business

3. Mailing Address

P.O. Box 494250

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PORT CHARLOTTE

City & State

City & State

FL

Zip

Zip

33949

Country

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

7. Name and Address of New Registered Agent

KISSINGER, MICHAEL K
1464 MARACAIBO STREET
PORT CHARLOTTE FL 33980

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.

SIGNATURE

M. Kissinger
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 NAME STREET ADDRESS CITY-ST-ZIP	P KISSINGER, MICHAEL K PO BOX 2345, 1464 MARACAIBO ST PORT CHARLOTTE FL 33949	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KISSINGER, PEGGY PO BOX 2345, 1464 MARACAIBO ST PORT CHARLOTTE FL 33949	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

M. Kissinger
SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90332 029 ***150.00

B0101671



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Date

Daytime Phone #