

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90199 002 ***150.00

0526712 AV

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 494250
PORT CHARLOTTE FL 33949**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0816501**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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** ☐ Delete
NAME **KISSINGER, MICHAEL K**
STREET ADDRESS **PO BOX 2345, 1464 MARACAIBO ST**
CITY-ST-ZIP **PORT CHARLOTTE FL 33949**

TITLE **P** ☒ Change ☐ Addition
NAME **KISSINGER, MICHAEL K.**
STREET ADDRESS **P.O. BOX 494250**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33949**

TITLE **VP** ☐ Delete
NAME **KISSINGER, PEGGY**
STREET ADDRESS **PO BOX 2345, 1464 MARACAIBO ST**
CITY-ST-ZIP **PORT CHARLOTTE FL 33949**

TITLE **VP** ☒ Change ☐ Addition
NAME **KISSINGER, PEGGY**
STREET ADDRESS **P.O. BOX 494250**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33949**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: _____

Peggy A. Kissinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

941-743-3525
Daytime Phone #

CR2E034 (10/02)