

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040213

1. Entity Name
PARAGON FINANCIAL SERVICES OF SOUTHWEST FLORIDA,

Principal Place of Business
13400 S CLEVELAND AVE
203
FORT MYERS FL 33907
US

Mailing Address
13400 S CLEVELAND AVE
203
FORT MYERS FL 33907-5523
US

2. Principal Place of Business
8270 College PKWY
Suite, Apt. #, etc.
Suite 104
City & State
Ft Myers FL
Zip
33919 Country

3. Mailing Address
8270 College PKWY
Suite, Apt. #, etc.
Suite 104
City & State
Ft Myers FL
Zip
33919 Country

6. Name and Address of Current Registered Agent

CONRAD, DEBBIE
13400 S CLEVELAND AVE
STE 203
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name
Debbie Conrad
Street Address (P.O. Box Number is Not Acceptable)
8270 College Parkway
Suite 104
City
Ft Myers FL Zip Code
33919

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 Debbie Conrad DATE 1/5/2000
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, 2000 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	PD CONRAD, DEBBIE 13400 S CLEVELAND AVE FT MYERS FL 33907	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDTS STILPHEN, PETER 13400 S CLEVELAND AVE FT MYERS FL 33907	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Debbie Conrad 8270 College PKWY #104 Ft Myers FL 33919	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS Michelle Jobes 8270 College PKWY #104 Ft Myers FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Debbie Conrad DATE 1/5/2000 DAYTIME PHONE # 941-274-9086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90059 036 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)