

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90025 018 ***150.00

DOCUMENT # P98000075658

1. Entity Name

AGV'S BY PARAGON, INCORPORATED

Principal Place of Business

**6621 THE MASTERS AVE
BRADENTON FL 34202**

Mailing Address

**6621 THE MASTERS AVE
BRADENTON FL 34202**

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 **65-0932158**

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

**BLALOCK, LANDERS, WALTERS & VOGLER, P.A.
802-11TH STREET WEST
BRADENTON FL 34205**

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WILLIAMS, H R
STREET ADDRESS 7813 BROADMOOR PINES BLVD.
CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7954 Royal Birkdale Circle
CITY-ST-ZIP Bradenton, FL 34202

TITLE STD
NAME CASHELL, KAREN M
STREET ADDRESS 6347 KAHANA WAY
CITY-ST-ZIP SARASOTA FL 34241 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6621 The Masters Ave.
CITY-ST-ZIP Bradenton, FL 34202

TITLE D
NAME HOPE, HERB
STREET ADDRESS 2923 NEW ENGLAND ST.
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

TITLE ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SHADE, TERRY
STREET ADDRESS 29 SPAYDE RD.
CITY-ST-ZIP BELLVILLE OH 44813 ☒ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D Robert Jarvis
STREET ADDRESS 184 Kimberwick St.
CITY-ST-ZIP Lexington, Ohio 44904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Karen M. Cashell Karen M. Cashell

Date

3/19/01 (941) 907-2883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)