

DOCUMENT # P98000088708

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90005 035 ***150.00



DO NOT WRITE IN THIS SPACE

1. Entity Name
~~BAY AREA FINANCIAL & TAX ADVISORS INC.~~

PARAGON FINANCIAL ADVISORS INC.

Principal Place of Business
8910 N. DALE MABRY HWY
SUITE 37
TAMPA FL 33614

Mailing Address
8910 N. DALE MABRY HWY
SUITE 37
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3536728**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

RAJU, R.G.
8910 N. DALE MABRY HWY
SUITE 37
TAMPA FL 33614

Name **SANTOSH GOVINDARAJU**
Street Address (P.O. Box Number is Not Acceptable)
8910 N. DALE MABRY HWY, STE 38
City **TAMPA** FL Zip Code **33614**

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 *Santosh Govindaraju* **SANTOSH GOVINDARAJU** 1/14/01
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	PDT	<input type="checkbox"/> Delete
NAME	GOVINDARAJU, SANTOSH	
STREET ADDRESS	8910 N DALE MABRY #38	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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: *Santosh Govindaraju* **SANTOSH GOVINDARAJU**, 1/14/00 (813)930-0527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)