

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102605

1. Entity Name

PARAGON RISK MANAGEMENT, INC.

Principal Place of Business

17003 AMBER LAKE COURT
LUTZ FL 33549

Mailing Address

17003 AMBER LAKE COURT
LUTZ FL 33549-7619

2. Principal Place of Business

209 CRYSTAL GROVE BLVD.

Suite, Apt. #, etc.

SUITE 102

City & State

LUTZ, FL

Zip

33549

Country

USA

3. Mailing Address

P.O. BOX 68

Suite, Apt. #, etc.

City & State

LUTZ, FL

Zip

33548

Country

USA

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90109 017 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3545851

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENSEN, RICHARD
17003 AMBER LAKE COURT
LUTZ FL 33549

7. Name and Address of New Registered Agent

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, 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 P ☐ Delete
NAME JENSEN, RICHARD
STREET ADDRESS 17003 AMBER LAKE COURT
CITY-ST-ZIP LUTZ FL 33549

TITLE ST ☐ Delete
NAME JENSEN, DONNA
STREET ADDRESS 17003 AMBER LAKE CT
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Change ☒ Add
NAME JENSEN, NATHAN
STREET ADDRESS 15210 AMBERLY DR., #711
CITY-ST-ZIP TAMPA, FL 33647

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

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

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

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

TITLE ☐ Change ☐ Add
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:

Richard Jensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-00 813-949-8631