

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90142 017 \*\*\*150.00

**DOCUMENT # P98000102605**

1. Entity Name  
**PARAGON RISK MANAGEMENT, INC.**

Principal Place of Business      Mailing Address  
**209 CRYSTAL GROVE BLVD**      **PO BOX 68**  
**STE 102**      **LUTZ FL 33548**  
**LUTZ FL 33549**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **P.O. Box 119**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**LUTZ, FL**  
 Zip      Country      Zip      Country  
**33548**      **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number      **59-3545851**      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

**JENSEN, RICHARD**  
**17003 AMBER LAKE COURT**  
**LUTZ FL 33549**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JENSEN, RICHARD</b> <b>17003 AMBER LAKE CT</b> <b>LUTZ FL 33549</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>JENSEN, DONNA</b> <b>17003 AMBER LAKE CT</b> <b>LUTZ FL 33549</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JENSON, NATHAN</b> <b>15210 AMBERLY DR #711</b> <b>TAMPA FL 33647</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JENSEN, NATHAN</b> <b>23305 CHARLSTON PL.</b> <b>LAND O' LAKES, FL. 34639</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **RICH JENSEN, PRES**      1-3-01      813-949-8636  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)