

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027400

1. Entity Name
PARAGON DESIGN, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90016 031 ***158.75

Principal Place of Business
6207 BENT PINE DRIVE.#220B
ORLANDO FL 32822

Mailing Address
6207 BENT PINE DRIVE.#220B
ORLANDO FL 32822-4964



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6267 BENT PINE DR		3. Mailing Address 6267 BENT PINE DR	
Suite, Apt. #, etc. #1114A		Suite, Apt. #, etc. #1114A	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32822	Country USA	Zip 32822	Country USA

4. FEI Number 65-0915018	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHROEDER, SUSAN L 6207 BENT PINE DRIVE,#220B ORLANDO FL 32822		7. Name and Address of New Registered Agent Name SCHROEDER, SUSAN, L Street Address (P.O. Box Number is Not Acceptable) 6267 BENT PINE DR #1114A City ORLANDO FL Zip Code 32822	
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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. **5-1-00**

SIGNATURE *Susan Schroeder* (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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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: *Susan Schroeder* **5/1/2000** **(407) 812-6314**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)