2000 UNIFORM BUSINESS REPORT (UBR) 5/9 FILED Jun 21, 2000 8:00 am Secretary of State DOCUMENT # P99000038453 1. Entity Name PARAGON UNDERWRITERS, INC. 05-09-2000 90073 003 ***150.00 Mailing Address Principal Place of Business 1901 LEE RD. 1901 LEE RD. WINTER PARK FL 32789-1834 WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number -3578581 Not Applicable \$8.75 Additional Zlp Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NEUKAMM, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 201 E. PINE ST., STE. 1200 ORLANDO FL 32801 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete ☐ Change TITLE IIILE BREEN, JAMES NAME NAME 485 CHICKEE CT. STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP LAKE MARY FL 32746 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE JAMES, TERRY NAME NAME STREET ADDRESS 1831 S. SUMMERLIN AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SIBLEY, B. CRAIG NAME 2521 DELORAINE TRAIL STREET ADDRESS STREET ADDRESS MAITLAND FL 32751 CITY-ST-2IP CITY - ST - ZIP ___ Addition Change. - Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE:

SIGNATURE AND TYPED OR PLANS AME OF SOME PROPER OF DIRECTOR

4.26.00

Date

Daytime Phone #



We're Moving

Be Sure To Mark Your Calendars!! Our Office Will Be CLOSED FRIDAY, MAY 5TH!!!

PARAGON UNDERWRITERS, INC.

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