

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90019 022 ***150.00

DOCUMENT # P99000069864

1. Entity Name

PARADIGM ENERGY CORPORATION

Principal Place of Business

Mailing Address

**1463 TROON CIRCLE
PALM CITY FL 34990-4428**

**55852 RIVERDALE DRIVE
ELKHART IN 46514**

2. Principal Place of Business

3. Mailing Address

4162 N. JODHPUR CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OVIEDO, FL

Zip

Country

Zip

Country

32765

4. FEI Number

02-0511181

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

**ENRIGHT, RICHARD E ESQ.
1463 TROON CIRCLE
PALM CITY FL 34990-4428**

Name

PAUL C. WHITWAM

Street Address (P.O. Box Number is Not Acceptable)

4162 N. JODHPUR COURT

City

OVIEDO

FL

Zip Code

32765

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

ON FILE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTCD
CAPPELLETTI, DAVID A
55852 RIVERDALE DRIVE
ELKHART IN 46514** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTCSD
CAPPELLETTI, DAVID A
55852 RIVERDALE DRIVE
ELKHART, IN - 46514** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CLEMENTS, MARGARET
4111 APPLE TREE COURT
BLOOMINGTON IN 47403** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

David A. Cappelletti

DAVID A. CAPPELLETTI

APRIL 30, '01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)