

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091634

1. Entity Name

PARAGON COMMUNICATIONS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90465 001 ***150.00

Principal Place of Business Mailing Address
 2375 - 104 ST. JOHNS BLUFF RD. SOUTH 2375 - 104 ST. JOHNS BLUFF RD. SOUTH
 JACKSONVILLE FL 32246 JACKSONVILLE FL 32246

2. Principal Place of Business 3. Mailing Address
 PO Box 54203 PO Box 54203
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Jacksonville, Florida Jacksonville, Florida
 Zip Country Zip Country
 32245-4203 USA 32245-4203 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3596911 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

POOL, G. SCOTT
 919 ARIES RD. WEST
 JACKSONVILLE FL 32216

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

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 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 checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverly A. Pool 4-25-00 904-982-0251

Date

Daytime Phone #

CR2E034 (9/99)