

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91126 034 ***150.00

DOCUMENT # P99000103893

1. Entity Name
PARAGON MORTGAGE ADVISORS, INC.

Principal Place of Business 820 SANDTREE DR PALM BEACH GARDENS FL 33403	Mailing Address 820 SANDTREE DR PALM BEACH GARDENS FL 33403
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 745 US Hwy 1		3. Mailing Address 745 US Hwy 1	
Suite, Apt. #, etc. 307		Suite, Apt. #, etc. 307	
City & State North Palm Beach, FLA		City & State North Palm Beach, FLA	
Zip 33408	Country USA	Zip 33408	Country USA

4. FEI Number 65-0964145	Applied For <input type="checkbox"/>
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

**JACOBS, BRIAN
 820 SANDTREE DR
 PALM BEACH GARDENS FL 33403**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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	PRES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, BRIAN S PRESIDE		NAME		
STREET ADDRESS	820 SANDTREE DR.		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33403		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE, JACOBS D SECRETR		NAME		
STREET ADDRESS	400 A N. FLAGLER DR.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33403		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: BRIAN S. JACOBS 4-16-01 561-840-3444
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)