

DOCUMENT # V01960

1. Entity Name

JAMES L. PARIS FINANCIAL SERVICES, INC.

1/11/01-

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-11-2001 90057 010 ***150.00

Principal Place of Business

2500 W LAKE MARY
 208
 LAKE MARY FL 32746
 US

Mailing Address

2500 W. LAKE MARY BLVD
 208
 LAKE MARY FL 32746
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3097985

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

JAMES L. PARIS
 2500 W LAKE MARY BLVD #208
 STE 150
 LAKE MARY FL 32746

Name

JAMES L. PARIS

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

380 Seagrass Commerce Place

Bldg. B, Ste 209

City

Apopka

FL

Zip Code

32703

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

CARMEN PARIS

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-01

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 PSD ☐ Delete
 NAME PARIS, JAMES L.
 STREET ADDRESS 913 SEA DUCK DR
 CITY-ST-ZIP DAYTONA BCH FL

TITLE VP ☐ Delete
 NAME PARIS, CARMEN
 STREET ADDRESS 149 KNIGHTS HOLLOW DR
 CITY-ST-ZIP APOPKA FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

V.P. CARMEN PARIS

407-619-7558

CR2E034 (10/00)