

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V50935

1. Entity Name

SOUTHEAST PARAGON, INC.

Principal Place of Business

1428 E. SEMORAN BLVD. STE. 106
APOPKA FL 32703

Mailing Address

P O BOX 161027
ALTAMONTE SPRINGS FL 32716-1027
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

59-3133458

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

WALTON-FRAZER, MARYLYN
1428 E. SEMORAN BLVD. STE. 106
APOPKA FL 32703

Name James L. Eaker
Street Address (P.O. Box Number is Not Acceptable)

1428 E Semoran Blvd. Ste 106

City Apopka, FL 32703 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office of 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 **P** ☒ Delete
NAME **WALTON-FRAZER, MARYLYN**
STREET ADDRESS **1428 E. SEMORAN BLVD. STE. 106**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **P** ☒ Change ☐ Addition
NAME **James L. Eaker**
STREET ADDRESS **1428 E. Semoran Blvd Ste 106**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90018 011 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)