2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

S53398

1. Entity Name

PARAEAGLE PAPERWORKS, INC.



FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90093 045 ***150.00

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Principal Place of Business 211 MCLEOD ST MERRITT ISLAND FL 32953 US			211 MC	Mailing Address 211 MCLEOD ST MERRITT ISLAND FL 32953 US							
2. Principal P	Place of Busines	SS	3. Mailin	3. Mailing Address			- 		2161 1837 8(87) 1		(811 DIEI) 1961
Suite, Apt.	#, etc.		Suite,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	te	-	City &	City & State			4. FEI Number	59-3065312	2		pplied For
Zip Country			Zip	Zip		Country		f Status Desired		\$8.75 Add Fee Require	ditional
	6. Name a	nd Address of Curren	t Registered	Agent			7. Name and A	ddress of New I	Registered	Agent	
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RURNWA	RTH, STACE										
		,		Street Address			s (P.O. Box Number is Not Acceptable)				
211 MCLI		2050									
MERKIII	ISLAND FL 3	32953				,					
					City				FL	Zip Code	е
9 The above	named entity	submits this statement f	or the nurnos	se of changing its re	nistered office	or register	red agent or both	in the State of FI	orida Lam	familiar with	and accept
	tions of register		or the purpos	se or changing its re	gistered onico	or register	rea agent, or both,	in the state of th	onda. Tum	idiniidi iiii,	ana accopi
SIGNATURE .	8:	printed name of registered agen	a and side of analise	-hi- MOTE.	Registered Agent sig		duban minatalian)		DATE		
	Signature, typed or	printed name of registered agen	тана ине и арриса	able. (1401E.1	registered Agent sig	nature reguler	D WHEIT I MISSELLIG)				
F	ILE NOW!!!	FEE IS \$150.00			•		9 Flect	tion Campaign Fi	nancina	\$5.0	0 May Be
		Fee will be \$550.00	. 1				1	Fund Contribution		J Added	to Fees
Make Check	k Payable to I	Florida Department o	of State								
10.		OFFICERS AND	DIRECTORS	S	11.		ADDITIONS/C	HANGES TO OF	FICERS AND	DIRECTORS	S IN 11
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NAME	COOK, LIN	DA J.			NAME	İ					
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

411103 (321)459-226