

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

0391239 AV

04-18-2003 90223 049 \*\*\*150.00

**DOCUMENT # 516704**

1. Entity Name  
**PAPER MOON, INC.**



Principal Place of Business  
**POLO GROUNDS MALL  
944 S. MILITARY TRAIL  
WEST PALM BCH FL 33415  
US**

Mailing Address  
**POLO GROUNDS MALL  
944 S. MILITARY TRAIL  
WEST PALM BCH FL 33415  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1696498**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YANCEY, HENRY B.  
1413 N.E. 56TH COURT  
FT. LAUDERDALE FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>YANCEY, HENRY B</b>	
STREET ADDRESS	<b>1413 NE 56TH COURT</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>YANCEY, ELIZABETH G</b>	
STREET ADDRESS	<b>1413 NE 56TH COURT</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>YANCEY, STEPHEN</b>	
STREET ADDRESS	<b>5648 GREEN ISLAND RD</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463-7393</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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:** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/29/03** Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)