

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90084 035 ***150.00

DOCUMENT # F97000001017
 1. Entity Name
PAPER WORK BLUES?, INC.

Principal Place of Business: **LITTLE DIAMOND ISLAND PORTLAND MN 04109**
 Mailing Address: **2422 JUNIPER PL. SARASOTA FL 34239**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **Little Diamond Island**
 Suite, Apt. #, etc.

3. Mailing Address: **2422 Juniper Place**
 Suite, Apt. #, etc.

City & State: **Portland, ME**
 Zip: **04109** Country: **USA**

City & State: **Sarasota FL**
 Zip: **34239** Country: **USA**

4. FEI Number: **01-0463005**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
KING, KATHRYN
2422 JUNIPER PLACE
SARASOTA FL 34239-4124

7. Name and Address of New Registered Agent
 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.

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, 2002 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

TITLE	CVSD	<input type="checkbox"/> Delete
NAME	DUNN, HARRY B	
STREET ADDRESS	LITTLE DIAMOND ISLAND	
CITY-ST-ZIP	PORTLAND ME 04109	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	DUNN, HAPPY R	
STREET ADDRESS	LITTLE DIAMOND ISLAND	
CITY-ST-ZIP	PORTLAND ME 04109	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOON, JOHN P	
STREET ADDRESS	1239 SACRET LAKE LOOP	
CITY-ST-ZIP	LINCOLN CA 95648	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOON, ANN	
STREET ADDRESS	255 S. MIDWAY ST.	
CITY-ST-ZIP	CAMPBELL CA 95008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Happy R. Dunn 4/12/02 207-766-2655
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)