## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## G01444 **DOCUMENT #**

1. Entity Name

THE PAPER MILL OF FORT MYERS, INC.



## **FILED** Mar 11, 2003 8:00 am Secretary of State

03-11-2003 90139 029 \*\*\*150.00

171 <b>2</b> 774		,							
Principal Place of Business 13451 MCGREGOR BLVD STE 3		Mailing Address 13451 MCGREGOR BLVD STE 3							
FORT MYERS FL 33919-923 US		FORT MYERS FL 33919-923 US							
2. Principal Place of Business		3. Mailing Address			10#     <b>10</b> 1   <b>151  </b>	DIEL DI DIF ELEH		1884 81811 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF	MAKING C	HANGES		
City & State		City & State			4. FEI Number 59-2218444		Applied For Not Applicable		
Zip	Country Zip		Country				3.75 Additional e Required		1
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Re-	gistered Ag	ent		1
1444 TED14	MALLICONY E			Name	,				
904 ROBA	an, Kerry F. Alo dr		Street Addre		P.O. Box Number is Not Acceptable)				1
	ERS FL 33919				·				1
				City		FL	Zip Cod	e	1
A The above	e named entity submits this statement for	or the nurnose of cha	naina ite registere	-	ad agent, or both, in the State of Flori		Ť		-
	tions of registered agent.	or the purpose of cha	nging its registere	ed office of registere	su agent, or both, in the state of Floh	Ja. Fallitali	THICH WILLS,	апи ассеря	
SIGNATURE	·								
OTOTA OTTE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	d 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 Final Trust Fund Contribution.	ncing		<b>10</b> May Be I to Fees	
10.	OFFICERS AND DIRECTORS 1:				ADDITIONS/CHANGES TO OFFIC	FRS AND D	IRECTOR	S IN 11	-
TITLE	PD	□ De				·····	Change	Addition	8
NAME	Waterman, Kerry F   904 Robala Dr		NAM	•					9
STREET ADDRESS CITY-ST-ZIP	FT MYERS FL 33919			ET ADDRESS - ST-ZIP					034
TITLE	D	☐ De	lete TITLE				Change	☐ Addition	CR2E034 (10/02
NAME	WATERMAN, PHILIP F, II		NAM						10
STREET ADDRESS CITY-ST-ZIP	904 ROBALA DR FT MYERS FL 33919			ET ADORESS -ST-ZIP					
TITLE	THE WILLIAM TE GOOTS	□ Del				Г	Change	Addition	
NAME			NAMI			_	<b>_</b> g-		
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP TITLE		Del		-ST-ZIP			Change	Addition	
NAME		Li Dêl	lete TITLE NAME			L	_ Change	☐ A00mon	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				·ST-ZIP	The second of th		- ,		-
TITLE NAME		☐ Del	ete TITLE NAME	II		L	_ Change	☐ Addition	
STREET ADDRESS	,			ET ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE	1	☐ Del	ete TITLE				Change	☐ Addition	l
NAME	i			. j					
STREET ADDRESS			NAME STREE	ET ADORESS					

12. I hereby certify that the information supplied with this filling 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: \(\)

Faces Water Cost ED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR