

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K72076

1. Entity Name

PAPERWORK ASSISTANCE, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90050 049 ***150.00

Principal Place of Business

C/O BETTY J. KNIGHT
9301 NE 6TH AVE B204
MIAMI SHORES FL 33138

Mailing Address

C/O BETTY J. KNIGHT
9301 NE 6TH AVE B204
MIAMI SHORES FL 33138

RU000000

2. Principal Place of Business

9301 N. E. 6 Avenue B-204

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Shores, FL

City & State

Same

Zip

33138

Country

Same

Zip

Same

Country

Same

4. FEI Number 65-0101086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, BETTY J.
49 N.E. 108TH ST.
MIAMI FL 33161

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, 2001 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 DP
NAME KNIGHT, BETTY J.
STREET ADDRESS 49 N.E. 108TH ST.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VD
NAME KIMBROUGH, LINDA A
STREET ADDRESS 3950 TALL PINE DR
CITY-ST-ZIP MARIETTA GA 30062 ☐ Delete

TITLE VOTS
NAME KIMBROUGH, LINDA A.
STREET ADDRESS 3950 TALL PINE DR.
CITY-ST-ZIP MARIETTA GA 30062 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPTS
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Betty Knight Betty Knight

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

(305) 758-0708

Daytime Phone #

CR2E034 (10/00)

01677