

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K78982**

1. Entity Name
ABOVE PAR PAPERHANGING INC.

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90477 004 ***150.00

Principal Place of Business
% ANN M MILLS
3498 S CLYDE MORRIS BLVD
PORT ORANGE FL 32119

Mailing Address
% ANN M MILLS
3498 S CLYDE MORRIS BLVD
PORT ORANGE FL 32119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2943140		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MILLS, ANN M. 3498 S CLYDE MORRIS BLVD DAYTONA BEACH FL 32119				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				Zip Code			
				PORT ORANGE FL 32129			

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 for reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PV	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, LEWIS M.		NAME		
STREET ADDRESS	3498 S CLYDE MORRIS BLVD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		CITY-ST-ZIP	PORT ORANGE, FL 32129	
TITLE	TS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, ANN M.		NAME		
STREET ADDRESS	3498 S CLYDE MORRIS		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL		CITY-ST-ZIP	PORT ORANGE, FL 32129	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02

Date

(386) 761-3076

Daytime Phone #

CR2E034 (9/01)