

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0007006

DOCUMENT # L01000011180

1. Entity Name

SOFTEX PRODUCTS, L.L.C.

Softex Paper Inc.



Principal Place of Business

1400 REID STREET
PALATKA FL 32177

Mailing Address

P.O. BOX 309
PALATKA FL 32178

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number *50-3661332*
01-0549758

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~IRELAND, JACLYN~~
~~1400 REID STREET~~
~~PALATKA FL 32177~~

Name

Wendy Anderson

Street Address (P.O. Box Number is Not Acceptable)

1400 Reid Street

City

Palatka

FL

Zip Code
32177

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 *Wendy Anderson Wendy Anderson*

9.11.03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **LIEUW, PAUL**
STREET ADDRESS **1400 REID STREET**
CITY-ST-ZIP **PALATKA FL 32177**

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

TITLE **VP** ☐ Delete
NAME **LIEUW, MARCEL**
STREET ADDRESS **1400 REID STREET**
CITY-ST-ZIP **PALATKA FL 32177**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Wendy Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-24-03 386 378-8488

Date Daytime Phone #

CR2E083 (4/03)

FILED

03 SEP 30 PM 3:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM



9/30

☐ CHECK HERE IF MAKING CHANGES