

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L76864

1. Entity Name

A-1 PAPER AND SUPPLY COMANY

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90017 001 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O MICHAEL R. BRUENS  
250 LOCK RD.  
DEERFIELD BCH. FL 33442

C/O MICHAEL R. BRUENS  
250 LOCK RD.  
DEERFIELD BCH. FL 33442-1516



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON FLA

4. FEI Number

65-0202416

Applied For

Not Applicable

Zip

Country

Zip

Country

33486

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUENS, MICHAEL R.  
250 LOCK RD.  
DEERFIELD BCH. FL 33442

Name **BRUENS MICHAEL R.**

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

1281 S.W. 20 AVE

City

BOCA RATON

FL

Zip Code

33486

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PISER, PETER J.	
STREET ADDRESS	250 LOCK RD.	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUENS, MICHAEL R.	
STREET ADDRESS	250 LOCK RD.	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PISER, TIMOTHY H.	
STREET ADDRESS	250 LOCK RD.	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWSER, TIMOTHY A.	
STREET ADDRESS	250 LOCK RD.	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUENS MICHAEL R	
STREET ADDRESS	1281 S.W. 20 AVE	
CITY-ST-ZIP	BOCA RATON, FLA 33486	
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:

*Michael R. Bruens* MICHAEL R. BRUENS, Pres

Date

4-13-00

Daytime Phone #

561 362-9361

CR2E034 (9/99)