

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-21-2000 90017 001 ***150.00

DOCUMENT # L76864

1. Entity Name
A-1 PAPER AND SUPPLY COMANY

Principal Place of Business C/O MICHAEL R. BRUENS 250 LOCK RD. DEERFIELD BCH. FL 33442	Mailing Address 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 1281 S.W. 20 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BOCA RATON FLA	
Zip	Country	Zip 33486	Country

4. FEI Number 65-0202416	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 BRUENS, MICHAEL R.
 250 LOCK RD.
 DEERFIELD BCH. FL 33442

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T BRUENS MICHAEL R 1281 S.W. 20 AVE BOCA RATON, FLA 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, Pres Date 4-13-00 Daytime Phone # 362-9361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)