

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90045 044 ***150.00

DOCUMENT # M74534

1. Entity Name
SHEA PAPER SALES, INC.

Principal Place of Business

2041 SE OCEAN BLVD
STUART FL 34996
US

Mailing Address

PO BOX 26
STUART FL 34996
US

2. Principal Place of Business

7037 S.E. HARBOR CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

7037 S.E. HARBOR CIRCLE

Suite, Apt. #, etc.

City & State
STUART, FL.

City & State
STUART, FL.

4. FEI Number

65-0053061

Applied For

Not Applicable

Zip

34996

Country

MARTIN

Zip

34996

Country

MARTIN

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LORD JR, ROBERT L
555 COLORADO AVENUE
555 COLORADO AVENUE SUITE ONE
STUART FL 34994

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, 2002 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 ☐ Delete
 NAME **DPV**
 STREET ADDRESS **SHEA, JOHN J.**
 CITY-ST-ZIP **737 MACARTHUR BLVD.**
STUART FL

TITLE ☐ Delete
 NAME **T.**
 STREET ADDRESS **HENNING, EDWARD J.**
 CITY-ST-ZIP **581 BRIDGEWATER DR., NW**
ATLANTA GA

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **SHEA, J. MARK**
 CITY-ST-ZIP **5191 STAVELY LANE**
NORCROSS GA

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 ☒ Change ☐ Addition
 NAME **DPV**
 STREET ADDRESS **JOHN J. SHEA**
 CITY-ST-ZIP **7037 S.E. HARBOR CIRCLE**
STUART, FL. 34996

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)