

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90063 044 ***550.00

DOCUMENT # M81668

1. Entity Name
P A P 73, INC.



Principal Place of Business
% ADDAIR, MICHAEL
2151 U.S. 27 NORTH
SEBRING FL 33870

Mailing Address
% ADDAIR, MICHAEL
2151 U.S. 27 NORTH
SEBRING FL 33870



2. Principal Place of Business

1429 US HWY 27 NORTH

3. Mailing Address

1429 US HWY 27 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Sebring, FL

City & State

Sebring FL

4. FEI Number

59-2904158

Applied For

Not Applicable

Zip

Country

33870

Zip

Country

33870

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

ADDAIR, MICHAEL
1420 US HWY 27 NORTH
SEBRING FL 33870

Name

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

1429 US HWY 27 NORTH

City

Sebring

FL

Zip Code

33870

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPSD
ADDAIR, MICHAEL A.
1801 CHIP-IT-WAY
SEBRING FL 33870

☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 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

6-10-03

Date

863-382-8700

Daytime Phone #

CR2E034 (10/02)