

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
 05-22-2001 90016 003 ***150.00

DOCUMENT # P00000029635
 1. Entity Name
 ONLINE PAPER STORAGE, INC.

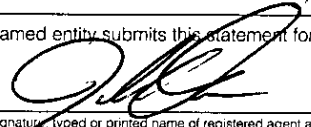
Principal Place of Business Mailing Address
 10163 NW 48th DR.
 CORAL SPRINGS FL 33076

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number ☒ Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JOHN OLIVE
 10163 NW 48th DR.
 CORAL SPRINGS, FL 33076

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 FL Zip Code

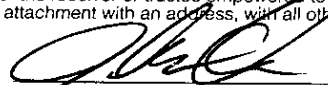
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE  JOHN OLIVE 4/30/01
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 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, 2001 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 ☐ Delete
 STREET ADDRESS CITY-ST-ZIP
 PRESIDENT JOHN OLIVE
 10163 NW 48th DR.
 CORAL SPRINGS FL 33076
 TITLE NAME ☐ Delete
 STREET ADDRESS CITY-ST-ZIP
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 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN OLIVE Date Daytime Phone #

CR2E034 (11/00)