

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90021 002 ***150.00

DOCUMENT # P00000030728

1. Entity Name
PAPERLESS SOLUTIONS, INC.

Principal Place of Business Mailing Address
2007 DIAMOND CT. **2007 DIAMOND CT.**
OLSMAR FL 34677 **OLSMAR FL 34677**

717599



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
334 EAST LAKE RD **334 EAST LAKE RD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
112 **112**

City & State City & State
Palm Harbor, FL **PALM HARBOR FL**

4. FEI Number Applied For
39-3638782 Not Applicable

Zip Country Zip Country
34685 **USA** **34685** **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CASEY, ALLAN L
395 AVE. C, N.W.
WINTER HAVEN FL 33881

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]* *[Signature]* *[Signature]*
Signature of, 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.
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDEIS, JEFFREY H	NAME	
STREET ADDRESS	2007 DIAMOND CT.	STREET ADDRESS	
CITY-ST-ZIP	OLSMAR FL 34677	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABLE, DAVID R	NAME	
STREET ADDRESS	622 EASTON DR.	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803-622	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALEY, PAUL	NAME	
STREET ADDRESS	12409 N.W. 62ND CT.	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* *[Signature]* *[Signature]*
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)