

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039519

1. Entity Name

PAPERPERFECTION, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90060 028 ***158.75

Principal Place of Business

3619 TRIMARAN PLACE
TAMPA FL 33607

SPACE

Mailing Address

3619 TRIMARAN PLACE
TAMPA FL 33607

SPACE

2. Principal Place of Business

3619 TRIMARAN PLACE

Suite, Apt. #, etc.

3. Mailing Address

3619 TRIMARAN PLACE

Suite, Apt. #, etc.

City & State

(Same)

City & State

(Same)

Zip

(Same)

Country

Zip

(Same)

Country

4. FEI Number

59-3639609

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SWERLING, ANN
3619 TRIMARAN PLACE
TAMPA FL 33607

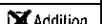


Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
SWERLING, ANDREW
3619 TRIMARAN PLACE
TAMPA, FL 33607



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

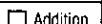


Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

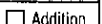


Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

TITLE
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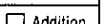


Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP



Change



Addition

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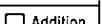


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Change



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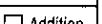


Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-01

Date

(813) 282-7107

Daytime Phone #

CR2E034 (10/00)