

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91752 048 ***150.00

DOCUMENT # P00000039519

1. Entity Name

PAPERPERFECTION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

251 MOHAWK STREET

3. Mailing Address

P.O. BOX 9386

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVERNIER, FL

City & State

TAVERNIER, FL

Zip

33070

Country

MONROE

Zip

33070

Country

MONROE

4. FEI Number

59-3639609

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARD M. BEHR

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

93351 Overseas Highway #1-B
OVERSEAS

City

Tavernier

FL

Zip Code

33070

**DO NOT WRITE
IN THIS SPACE**

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

5/8/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P
NAME	ANN SWERLING
STREET ADDRESS	251 MOHAWK ST.
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	V
NAME	ANDREW SWERLING
STREET ADDRESS	251 MOHAWK ST.
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann Swerling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-02

Date

(305) 453-0779

Daytime Phone #

CR2E034B (12/01)