2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000042598

1. Entity Name

ADVANCED PAPER TECHNOLOGIES CORP.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90138 046 ***150.00

THE DOUBJUSTIONS OF registered aggrits SIGNATURE Signamum, hybrid or primits having of signature and distributions. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-S1-2P ITILE Delete TITLE Delete Delete TITLE Delete TITLE Delete Delete Delete TITLE Delete Del				N. S.			
Surfa, Apt. #, etc. Sulfe, Apt. #, etc. City & State 4. FEI Number 59-3654495 Applied For Mr. Applied For	2727 N. HWY. A1A. UNIT 501		2727 N. HWY. A1A. UNIT 501] 1881/1881 (III 881/1/881/1/88/1/88/1/88/1/88/1/	11 11 A 14 14 A 14 A 14 A 14 A 14 A 14	
City & State City & State City & State City & State Country Country Country Country Country Country So C	2. Principal Place of Business		3. Mailing Address			######################################	
Second Address of Current Registered Agent Second Address of New Registered Agent Second Address of New Registered Agent Name	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
Country Zip Country Stock Statistical Deliver Statistical Deliver Statistical Deliver Statistical Deliver Statistical Period Statistical Deliver Statistical Period Statistica	City & State		City & State		4. FEI Number 59-3654495	— ` ` 	
MEYER, EILEEN F 2727 N. HWY. A1A, UNIT 501 INDIALANTIC FL 32903 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida.	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
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12. Thereby 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		Market and the second s	n - fu				

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 eath; 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: