

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90161 039 \*\*\*550.00

**DOCUMENT # P00000045880**

1. Entity Name  
**PAPERCHASE CONSULTING, INC.**

Principal Place of Business  
**13 PENNSYLVANIA ST.**  
**BEVERLY HILLS FL 34465**

Mailing Address  
**13 PENNSYLVANIA ST.**  
**BEVERLY HILLS FL 34465**

2. Principal Place of Business  
**13 PENNSYLVANIA ST.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
 Suite, Apt. #, etc.

City & State  
**BEVERLY HILLS, FL**

City & State

4. FEI Number **59-3646091**

Applied For  
 Not Applicable

Zip  
**34465**

Country  
**CITRUS**

Zip

Country

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**

**VALENZA, FRANCES K**  
**13 PENNSYLVANIA ST.**  
**BEVERLY HILLS FL 34465**

Name  
**SAME**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>VALENZA, FRANCES K</b>
STREET ADDRESS	<b>13 PENNSYLVANIA ST.</b>
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROOKS, MICHAEL D</b>
STREET ADDRESS	<b>13 PENNSYLVANIA ST</b>
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROOKS, FRANCES K,</b>
STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/31/02** Daytime Phone # **352-527-1400**

CR2E034 (4/02)

Department of Health • Vital Statistics

STATE OF FLORIDA  
MARRIAGE RECORD  
TYPE IN UPPER CASE  
USE BLACK RIBBON

This license not valid unless seal of Clerk,  
Circuit or County Court appears thereon.

Attachment

972021  
P000000L5880

(STATE FILE NUMBER)

01 NOV 28 PM 11:40

CERTIFIED TO BE A TRUE COPY  
BETTY STRIFLER  
CLERK OF CIRCUIT COURT

D.C.  
2001 DAY OF NOV. AD. 2001

2001-0683

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) MICHAEL DEWAYNE ROOKS			2. DATE OF BIRTH (Month, Day, Year) 09/19/1955	
3a. RESIDENCE - CITY, TOWN, OR LOCATION BEVERLY HILLS	3b. COUNTY CITRUS	3c. STATE FL 34465	4. BIRTHPLACE (State or Foreign Country) FLORIDA	
5a. BRIDE'S NAME (First, Middle, Last) FRANCES KAY VALENZA			6. DATE OF BIRTH (Month, Day, Year) 11/20/1958	
7a. RESIDENCE - CITY, TOWN, OR LOCATION BEVERLY HILLS			7b. COUNTY CITRUS	7c. STATE FL 34465
			8. BIRTHPLACE (State or Foreign Country) KANSAS	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Michael Dewayne Rooks</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 10/23/2001
11. TITLE OF OFFICIAL BETTY STRIFLER, CLERK OF COURT	12. SIGNATURE OF OFFICIAL (Use black ink) BY: <i>Melanie Maeth</i> D.C.
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Frances Kay Valenza</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 10/23/2001
15. TITLE OF OFFICIAL BETTY STRIFLER, CLERK OF COURT	16. SIGNATURE OF OFFICIAL (Use black ink) BY: <i>Melanie Maeth</i> D.C.

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS.  
THIS LICENSE MUST BE ISSUED ON OR BEFORE THE BELOW EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE CITRUS	18. DATE LICENSE ISSUED 10/23/2001	18a. DATE LICENSE EFFECTIVE 10/26/2001	19. EXPIRATION DATE 12/25/2001
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Betty Strifler</i>	20b. TITLE CLERK OF COURTS	20c. BY D.C. <i>MJM</i>	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) Nov. 24, 2001	22. CITY, TOWN, OR LOCATION OF MARRIAGE Crystal River
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>John D. Falkenberg</i>	23c. ADDRESS (Of person performing ceremony) 7598 W. Fairview Ct. Crystal River
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (notary public) MY COMMISSION # CC 997504 EXPIRES: February 26, 2005 Bonded Thru Notary Public Underwriters	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Jennifer H. Hahn</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Betty H. Brown</i>

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER 267-35-1388	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b and 29c: 29a. NO. OF THIS MARRIAGE 2	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DEATH	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 12/24/1997
	BRIDE	30. SOCIAL SECURITY NUMBER 521-98-4206	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b and 33c: 33a. NO. OF THIS MARRIAGE 2	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE

