2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000019600 DOCUMENT

1. Entity Name

BRIGHT WHITE PAPER CO.



FILED Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90102 025 ***150.00

				1						
Principal Place of Business Mailing Address 2962 MAGNOLIA ROAD P. O. BOX 65338 ORANGE PARK FL 32073 GS ORANGE PARK FL 32065										
2. Principal Place of Bu	3. Mailing Address							BARI BARI KEBA		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	· ···	City & State			X X	4. FEI Number 03-03923	&		plied For t Applicable	
3206 5	Zip Country		o Country			5. Certificate of Status Desired	, , \$t	8.75 Add		
	me and Address of Current F	egistered Agent				7. Name and Address of New	Registered Ag	ent		
چىلىچى دو رىداد د	ده به ۱۳۰۱ می _{ان} ندستیمیسی و روسید ا		C. 422	Name						
Kazdin, Sharon J 2962 magnolia road				Street Address (P.O. Box Number is Not Acceptable)						
ORANGE PARK FL 32073				City			FL	Zip_Code	~ <	
After May 1, 2	VIII FEE IS \$150.00 2003 Fee will be \$550.00 to Florida Department of	State				9. Election Campaign Trust Fund Contribut			0 May Be to Fees	
10.	OFFICERS AND [11	•		ADDITIONS/CHANGES TO O	FFICERS AND D	IRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$4.1 *				Richa. 2502	-President of Kazdin Magnelia 18. Park FL 3206	[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				LE ME REET ADDRESS 'Y-ST-ZIP	10 an - AL	nkazdin Magnolia kd.		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*				0		آيور ده پوسيهد	⊆ Change ~	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP							C	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								Change	Addition	
TITLE			Delete TITI	LE				Change	Addition	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

STUDE PSIONADICATION, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

020103

904 3750487

Daytime Phone #