## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P9200001808 Feb 11, 2000 8:00 am **Secretary of State** PAPER MARKETING, INC. 02-11-2000 90010 043 \*\*\*150.00 Mailing Address Principal Place of Business 16403 BRIEVA DE AVILA 16403 BRIEVA DE AVILA TAMPA FL 33613 TAMPA FL 33613-1065 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 56-3187832 Not Applicable \_Country ~ ~ Country-جوجہ شائنگ ہے۔ Zip \$8:75 Additional-5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAW, FREDERICK R Street Address (P.O. Box Number is Not Acceptable) 16403 BRIEVA DE AVILA TAMPA FL 33613 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition ☐ Delete TITLE TITLE LAW, FREDERICK R NAME 16403 BRIEVA DE AVILA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33613** \_ ..... Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS .CITY-ST-ZIP .-CITY-ST-ZIP 1 Change ☐ Delete TITI F TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #

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