

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016908

1. Entity Name

BLUE PAPER, INC.

Principal Place of Business

3403 DOW STREET
POMPAÑO BEACH FL 33062

Mailing Address

3403 DOW STREET
POMPAÑO BEACH FL 33062

2. Principal Place of Business

2608-10 N Ocean Blvd

3. Mailing Address

2608-10 N Ocean Blvd

Suite, Apt. #, etc.

Suite 10

Suite, Apt. #, etc.

Suite 10

City & State

Pompano Beach Fl

City & State

Pompano Beach, Fl

Zip

33062

Country

U.S.A.

Zip

33062

Country

U.S.A.

4. FEI Number

65-0675925

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOGGETT, RICHARD G
10 FAIRWAY DRIVE, #307
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name

Joseph F. Ieracitano
Street Address (P.O. Box Number is Not Acceptable)
2608-10 N Ocean Blvd

City Pompano

Beach FL

Zip Code

33062

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

Richard G. Doggett

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/2001

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE PSD
NAME IERACITANO, JOSEPH F
STREET ADDRESS 1801-A N. RIVERSIDE DR
CITY-ST-ZIP POMPAÑO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

02-08-2001 90184 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)