

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012318

1. Entity Name

PAPIN, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90006 017 ***150.00

Principal Place of Business

Mailing Address

PO BOX 1053
DEBARY FL 32713-1053

PO BOX 1053
DEBARY FL 32713-1053

2. Principal Place of Business

3. Mailing Address

1319 Saxon Drive
Suite, Apt. #, etc.

PO BOX 1053, DeBary, FL 32713-1053
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

DeBary New Smyrna Beach

DeBary, FL 32713

4. FEI Number

59-3362853

Applied For

Not Applicable

Zip

Country

Zip

Country

32169

USA

32713

USA

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

PAPIN, JOSEPH E III
1319 SAXON DRIVE
NEW SMYRNA BEACH FL 32169

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-13-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC
NAME JOSEPH, PAPIN E JR.
STREET ADDRESS 2505 ORCHARD DR.
CITY-ST-ZIP APOPKAU FL 32713 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Daytime Phone #

04-13-00

(407) 668-1585

CR2E034 (9/99)