

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90001 038 \*\*\*150.00

**DOCUMENT # P98000049358**

1. Entity Name

ONEPAPER, INC.

Principal Place of Business

330 CLEMATIS STREET  
 SUITE 208  
 WEST PALM BEACH FL 33401

Mailing Address

330 CLEMATIS STREET  
 SUITE 208  
 WEST PALM BEACH FL 33401

921114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1732 S. Congress Ave.

3. Mailing Address

1732 S. Congress Ave.

Suite, Apt. #, etc.

# 113

Suite, Apt. #, etc.

# 113

City & State

Palm Springs, FLA

City & State

Palm Springs, FLA

Zip

33461

Country

USA

Zip

33461

Country

USA

4. FEI Number

65-0862505

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAME, JOANNA  
 330 CLEMATIS STREET  
 SUITE 208  
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name DAME, JOANNA  
 Street Address (P.O. Box Number is Not Acceptable)  
 1732 S. Congress Ave.  
 # 113  
 City PALM SPRINGS FL Zip Code 33461

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

*Joanna Dame, President*  
 Signature of registered agent or title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD DAME, JOANNA 330 CLEMATIS STREET., #208 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EDWARDS, EVAN 330 CLEMATIS STREET., #208 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEUERZEIG, PENNY 330 CLEMATIS STREET., #208 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNAVAN, JOHN 330 CLEMATIS STREET., #208 WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1732 S. Congress Ave., #113 Palm Springs, FL 33461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1732 S. Congress Ave., #113 Palm Springs, FL 33461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1732 S. Congress Ave., #113 Palm Springs, FL 33461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

*Joanna Dame, President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561)  
 346-9158

CR2E034 (10/00)