

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034691

1. Entry Name
ROYAL PAPER & MORE, INC.

Principal Place of Business
10018 SPANISH ISLES BLVD., STE. A-20
BOCA RATON FL 33498

Mailing Address
10018 SPANISH ISLES BLVD., STE. A-20
BOCA RATON FL 33498

28295



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10018 SPANISH ISLES BLVD
Suite, Apt. #, etc.
A-20

3. Mailing Address
SAME
Suite, Apt. #, etc.
A-20

City & State
BOCA RATON FL

City & State
BOCA RATON

4. FEI Number 05-0911694

Applied For
Not Applicable

Zip 33498

Country

Zip 33498

Country FARM BENCH

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DUBROW, DUKER & ASSOCIATES, P.A.
2832 UNIVERSITY DR.
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
Name: ROYAL PAPER & MORE
Street Address (P.O. Box Number is Not Acceptable): 10018 SPANISH ISLES BLVD
City: BOCA RATON
City: FL Zip Code: 33498

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]

Signature, typed or printed name of registered agent and 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD TAUBER, DONALD 10018 SPANISH ISLES BLVD., STE. A-20 BOCA RATON FL 33498	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHAW TAUBER 5705 Buckhorn Circle BOCA RATON FL 33486	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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)(b), 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

1-03-02 561-4774860

Date

Daytime Phone #

CR2004 (9/01)