

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90718 049 ***150.00

DOCUMENT # P99000060037

1. Entity Name

UNICELL PAPER MILLS, INC.

Principal Place of Business

**3401 JEWETT LANE
 SANFORD FL 32771**

Mailing Address

**3401 JEWETT LANE
 SANFORD FL 32771**

2. Principal Place of Business

SANFORD
 Suite, Apt. #, etc.

3. Mailing Address

3401 JEWETT LANE
 Suite, Apt. #, etc.

City & State

City & State

SANFORD

Zip

Country

Zip

Country

FL

SEMINOLE

4. FEI Number

59-3585123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SHARMA, GIRISH
 1774 BRIDGEWATER DRIVE
 HEATHROW FL 32746**

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Delete
PSTD
 NAME **SHARMA, GIRISH**
 STREET ADDRESS **1774 BRIDGEWATER DRIVE**
 CITY-ST-ZIP **HEATHROW FL 32746**

TITLE ☐ Delete
 NAME **D**
 NAME **SHARMA, PRAKASH**
 STREET ADDRESS **POST OFFICE BOX 1116 GERMISTON 1400**
 CITY-ST-ZIP **SOUTH AFRICA**

TITLE ☐ Delete
 NAME **VP**
 NAME **SHARMA, BRIJ**
 STREET ADDRESS **1240 MACTAVANDASH DRIVE**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)