

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90251 043 ***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
3401 ST. JOHNS PARKWAY
Suite, Apt. #, etc.

3. Mailing Address
3401 ST. JOHNS PARKWAY
Suite, Apt. #, etc.

City & State
SANFORD, FLORIDA
Zip
32771
Country
USA

City & State
SANFORD FLORIDA
Zip
32771
Country
USA

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. I am familiar with and accept this statement of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

ENTERED

2-20-03.

SIGNATURE

Registered Agent signature required when reinstating

24 2003

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE | PSTD | <input type="checkbox"/> Delete |
| NAME | SHARMA, GIRISH | |
| STREET ADDRESS | 1774 BRIDGEWATER DRIVE | |
| CITY-ST-ZIP | HEATHROW FL 32746 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHARMA, PRAKASH | |
| STREET ADDRESS | POST OFFICE BOX 1116 GERMISTON 1400 | |
| CITY-ST-ZIP | SOUTH AFRICA | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | SHARMA, BRIJ | |
| STREET ADDRESS | 1240 MACTAVANDASH DRIVE | |
| CITY-ST-ZIP | OVEDO FL 32765 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an at with an address, with all other like empowered.

SIGNATURE

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2003

Date

Daytime Phone #

CR2E034 (10/02)