FILED
Jul 12, 2001 8:00 am
Secretary of State
05-23-2001 90225 044 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088056

1. Entity Name

Papertrax, Inc

Principal Place of Business / Mailing Address

2516 Marlowe Place
Cocoa, FL 32926

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Papertrax Inc	Papertrax, Inc.
Suite, Apt. #, etc. P.O. Box 161063	Suite, Apt. #, etc. P.O. Box 161063
City & State Altamonte Springs FL	City & State Altamonte Springs FL
Zip 32716 Country Seminole	Zip 32716 Country Seminole

4. FEI Number 59-3602562 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Judith M. Rhymer
P.O. Box 161063
Altamonte Springs FL 32716
2516 Marlowe Pl. Cocoa, FL 32926

7. Name and Address of New Registered Agent

Name Judith M. Rhymer
Street Address (P.O. Box Number is Not Acceptable) 2516 Marlowe Pl.
City Cocoa FL FL Zip Code 32926

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President ☐ Delete	TITLE	President ☒ Change ☐ Addition
NAME	Judith Rhymer	NAME	Judith Rhymer
STREET ADDRESS	P.O. Box 161063	STREET ADDRESS	P.O. Box 161063
CITY-ST-ZIP	Altamonte Springs FL 32716	CITY-ST-ZIP	Altamonte Springs FL 32716
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Judith M. Rhymer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01 ~~407-862-5807~~
Date Daytime Phone #

~~407-645-5933~~ ~~x229~~
321-632-4015