

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90231 045 ***150.00

DOCUMENT # *P 990000.88056*

1. Entity Name

Paper Trax, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11790 NW 13 ST

11790 NW 13 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ocala Florida

City & State

Ocala Florida

4. FEI Number

59-3602562

Applied For

Not Applicable

Zip

34482

Country

USA

Zip

34482

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Judith Rhymen

Street Address (P.O. Box Number is Not Acceptable)

11790 NW 13 ST

City

Ocala

FL

Zip Code

34482

**DO NOT WRITE
IN THIS SPACE**

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

Judith Rhymen

Signature, typed or printed name of registered agent and title if applicable.

Judith Rhymen

(NOTE: Registered Agent signature required when registering)

4-27-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

*President/ceo
Judith Rhymen
11790 NW 13 ST
Ocala, FL 34482*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Judith Rhymen *Judith Rhymen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02

Date

352-8542102

Daytime Phone #

CR2E034B (12/01)