

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000105530**1. Entity Name
PAPERWEIGHTS PLUS, INC.**Principal Place of Business**

1706 SANCHIZ AVENUE

LAKELAND
33801

FL

Mailing Address

1706 SANCHIZ AVENUE

LAKELAND
33801

FL

2. Principal Place of Business

1706 SANCHEZ AVENUE

3. Mailing Address

1706 SANCHEZ AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKELAND

FL

City & State

LAKELAND

FL

Zip
33801

Country

Zip
33801

Country

4. FEI Number**59-3612261**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****BIGSBY LEROY**
1706 SANCHIZ AVENUELAKELAND
33801

FL

7. Name and Address of New Registered Agent**Name****BIGSBY LEROY L**Street Address (P.O. Box Number is Not Acceptable)
1706 SANCHEZ AVENUECity
LAKELAND

FL

Zip Code
33801

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 **LEROY L BIGSBY****01/15/2001**

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**

TITLE	V	<input type="checkbox"/> Delete
NAME	BIGSBY BETTY L	
STREET ADDRESS	275 CANNON RD	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	V	<input type="checkbox"/> Delete
NAME	BIGSBY RAY L	
STREET ADDRESS	275 CANNON RD	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	V	<input type="checkbox"/> Delete
NAME	BIGSBY LISA H	
STREET ADDRESS	1706 SANCHEZ AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	P	<input type="checkbox"/> Delete
NAME	BIGSBY LEROY	
STREET ADDRESS	1706 SANCHEZ AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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
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
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: Leroy L Bigsby

pres

01/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)