2000 UNIFORM BUSINESS REPORT (UBR)

3/23/(

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90074 017 ***150.00
03-23-2000 90022 023 *****8.75

C00090609

DO NOT WRITE IN THIS SPACE

DOCUMENT # S19329

1. Entity Name
PAPER FANTASIES, INC.

Principal Place of Business	Mailing Address
7076 DAVIS CK RD JACKSONVILLE FL 32256	P.O. BOX 57789 JACKSONVILLE FL 32241-7789

2. Principal Place of Business		3. Mailing Address	
		PO BOX 57789	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: JACKSONVILLE, FLORIDA	
Zip	Country	Zip: 32241-7789	Country: DUVAL

4. FEI Number 59-3043364 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KOEGLER, STEVEN C.
217 POINTE VERDE PARK DR
BUILDING 100 SUTIE 200
POINTE VERDE BEACH FL 32082

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, 2000 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	CEO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TAPPING, KIM		NAME		
STREET ADDRESS	ENGLANDSVEJ 1		STREET ADDRESS		
CITY-ST-ZIP	SVENDBORG, DENMARK		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HEIDE-JORGENSON, PETER		NAME		
STREET ADDRESS	7076 DAVIS CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		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
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X ____________________ 904-880-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)