

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S52458

1. Entity Name

PULP & PAPER SOLUTIONS, INC.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90024 028 \*\*\*150.00

Principal Place of Business

Mailing Address

1656 TIDEWATER LANE  
NAVARRE FL 32566  
US

1656 TIDEWATER LANE  
NAVARRE FL 32566-7447  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3073483

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEWS, ESEL F. JR.  
308 S. JEFFERSON STREET  
PENSACOLA FL 32507

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 P ☐ Delete  
NAME HENRY, ARLIE  
STREET ADDRESS 1656 TIDEWATER LANE  
CITY-ST-ZIP NAVARRE FL

TITLE VT ☒ Change ☐ Addition  
NAME HENRY, ARLIE  
STREET ADDRESS 1656 TIDEWATER LANE  
CITY-ST-ZIP NAVARRE, FL. 32566

TITLE VST ☐ Delete  
NAME HENRY, WANDA  
STREET ADDRESS 1656 TIDEWATER LANE  
CITY-ST-ZIP NAVARRE FL

TITLE PS ☒ Change ☐ Addition  
NAME HENRY, WANDA  
STREET ADDRESS 1656 TIDEWATER LANE  
CITY-ST-ZIP NAVARRE, FL. 32566

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Wanda Henry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 31, 2000

Date

(850) 939-6278

Daytime Phone #

CR2E034 (9/99)