

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90137 004 ***150.00

0023692 AV

DOCUMENT # 396682

1. Entity Name
HERITAGE PAPER COMPANY, INC.



Principal Place of Business
P O BOX 23517
4011 MORTON ST.
JACKSONVILLE FL 32217

Mailing Address
P O BOX 23517
4011 MORTON ST.
JACKSONVILLE FL 32217



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1381594**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

PURSER, ROBERT F
4011 MORTON ST.
JACKSONVILLE FL 32217

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P PURSER, ROBERT F	<input type="checkbox"/> Delete
STREET ADDRESS	7551 HOLLYRIDGE CIR	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE NAME	D MURPHREE JR, JOHN A H	<input type="checkbox"/> Delete
STREET ADDRESS	822 NW 107TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32604	
TITLE NAME	D PURSER, ROBERT F. JR.	<input type="checkbox"/> Delete
STREET ADDRESS	10137 GOLF CLUB DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE NAME	D POLK, SAMUEL	<input type="checkbox"/> Delete
STREET ADDRESS	1721 GREEN ACRES DR	
CITY-ST-ZIP	VIDALIA GA 30474	
TITLE NAME	D BUCKNER, JOHN H	<input type="checkbox"/> Delete
STREET ADDRESS	4309 BLUE HERON DR	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Purser**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03 904-737-6603
Date Daytime Phone #

CR2E034 (10/02)