

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90020 003 ***150.00

DOCUMENT # 615492

1. Entity Name

PAGE MEDICAL ELECTRONICS, INC.

Principal Place of Business

911 NW 209 AVE
STE S-122
PEMBROKE PINES FL 33029-2111

Mailing Address

911 NW 209 AVE
STE S-122
PEMBROKE PINES FL 33029-2111

2. Principal Place of Business

7031 SW 22 Court

3. Mailing Address

7031 SW 22 Court

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Davie FL

City & State

Davie FL

4. FEI Number

59-1894217

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELMCAMP, T. J.
911 NW 209 AVE
STE S-122
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

HELMCAMP, T. J.

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

7031 SW 22 Court

Suite C

City

Davie

FL

Zip Code 33317

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]
Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-01

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 PD ☐ Delete
NAME HELMCAMP, THOMAS J.
STREET ADDRESS 911 NW 209 AVE #S122
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D ☐ Delete
NAME HELMCAMP, RONALD T.
STREET ADDRESS 911 NW 209 AVE #S122
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME HELMCAMP, THOMAS J.
STREET ADDRESS 7031 SW 22 Court - Suite C
CITY-ST-ZIP Davie FL 33317

TITLE D ☒ Change ☐ Addition
NAME HELMCAMP, RONALD T.
STREET ADDRESS 219 Lake Joy Road
CITY-ST-ZIP PERCY, GA 31069

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-01

CR2E034 (10/00)