

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

04-10-2003 90154 021 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F00000004099**

1. Entity Name  
**PAGE 2, INC.**



**10064980**

Principal Place of Business  
 9167 BAY POINT DR  
 ORLANDO, FL 32819

Mailing Address  
 9167 BAY POINT DR  
 ORLANDO, FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**48-1179078**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAGE, KAY W  
 9167 BAY POINT DR  
 ORLANDO, FL 32819

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEES: \$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  
 STREET ADDRESS  
 CITY-ST-ZIP

PSD  
 PAGE, KAY W  
 6208 MASTERS BLVD- 9167 Bay Point Dr  
 ORLANDO, FL  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

CTD  
 PAGE, ROBERT W  
 6208 MASTERS BLVD- 9167 Bay Point Dr  
 ORLANDO, FL  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

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

SIGNATURE: *Kay Page* *Kay Page*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/7/03*  
 DATE

*407/976-5315*  
 DAYTIME PHONE #

CR2E034 (10/02)