

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004500

1. Entity Name
VALUE PAGE, INC.

Principal Place of Business
**2510 LAKELAND TERRACE
SUITE 200
JACKSON MS 39216**

Mailing Address
**PO BOX 14165
JACKSON MS 39236-4165**

2. Principal Place of Business
2170 CLEARBROOK Rd. Suite 103

3. Mailing Address
2170 CLEARBROOK Rd.

City & State
BIRMINGHAM, AL

City & State
BIRMINGHAM, AL

Zip
35226

Country
USA

Zip
35226

Country
USA

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	CP YERGER, WIRT A III 2510 LAKELAND TERRACE, SUITE 200 JACKSON MS 39216	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SMITH, SCOTT 2510 LAKELAND TERRACE SUITE 200 JACKSON MS 39216	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, WILLIAM P RT 1, BOX 55 CRUGER MS 38924	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASKINS, A. CRAIG PO BOX 681 (N/A) MCCOMB MS 39648	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DRAKE, JAMES L 2510 LAKELAND TERRACE SUITE 200 JACKSON MS 39216	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK BRADY, III 6237 VANCE Rd. Suite 1 CHATTANOOGA, TN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REBECCA HOWELL 2170 CLEARBROOK RD. SUITE 103 BIRMINGHAM, AL 35226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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09/12/01 01005-005
****550.00 ****550.00

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: Rebecca Howell 8/22/01 205-271-4903

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
01 AUG 29 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

63-0826818
4-0845230

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

4. FEI Number **63-0826818**

Applied For ☐ Not Applicable ☐

0187801 AB

CR2E034 (5/01)