

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90141 031 \*\*\*550.00

0143977 AT

**DOCUMENT # F98000004500**

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



Principal Place of Business  
~~2170 CLEARBROOK RD., SUITE 103~~  
~~BIRMINGHAM AL 35226~~  
**6237 Vance Rd. Suite 1**  
**Chattanooga, TN 37421**

Mailing Address  
~~2170 CLEARBROOK RD., SUITE 103~~  
~~BIRMINGHAM AL 35226~~  
**P.O. Box 939**  
**Pinson, AL 35126**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **63-0826818**  
Applied For  
Not Applicable

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**

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	Delete
P	BRADY, FRANK III	6237 VANCE RD., STE. 1	CHATTANOOGA TN	<input checked="" type="checkbox"/>
S	HOWELL, REBECCA	2170 CLEARBROOK RD., SUITE 103	BIRMINGHAM AL 35226	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Steven F. Tunney P&S.	1100 Wilson Blvd. Suite 3000	Arlington, VA 22209	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Sec. Samuel G. Rubenstein	1100 Wilson Blvd. Suite 3000	Arlington, VA 22209	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Treas. JANET C. PERLOWSKI	1100 Wilson Blvd. Suite 3000	Arlington, VA 22209	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	CRO TRIAX CAPITAL ADVISORS	620 5th Ave. 7th Fl.	NEW YORK, NY 10020	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/03 (217) 261-0102  
Date Daytime Phone #

CR2E034 (4/03)