

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90072 010 ***150.00

DOCUMENT # H53351

1. Entity Name
S.L. PAGE CORPORATION

Principal Place of Business

10879 METRO PKWY
FORT MYERS FL 33912

Mailing Address

10879 METRO PKWY
FORT MYERS FL 33912

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2532059

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PAGE, STEPHEN L.
5317 NAUTILUS DRIVE
CAPE CORAL FL 33904

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P	<input type="checkbox"/> Delete
NAME	PAGE, STEPHEN L.	
STREET ADDRESS	5317 NAUTILUS DRIVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MOORE, RHONDA	
STREET ADDRESS	3830 21ST AVENUE SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FLAMMIA, ANTHONY	
STREET ADDRESS	108050 GIDDNES DRIVE	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JONES, WILLIAM A	
STREET ADDRESS	11370 SALIX CT	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10879 Metro Parkway	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	VP/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gray H. Muzzey	
STREET ADDRESS	3 Greenway Plaza, Suite 2000	
CITY-ST-ZIP	Houston, TX 77046	
TITLE	VPI T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel W. Kipp	
STREET ADDRESS	3 Greenway Plaza, Suite 2000	
CITY-ST-ZIP	Houston, TX 77046	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barren B. Miller	
STREET ADDRESS	3 Greenway Plaza, Suite 2000	
CITY-ST-ZIP	Houston, TX 77046	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Gray H. Muzzey 3/12/01 713-860-0100

Date

Daytime Phone #

CR2E034 (10/00)