

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J97005

1. Entity Name
CELLPAGE, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90008 005 ***150.00

Principal Place of Business
104 N DALE MABRY HWY
C
TAMPA FL 33609

Mailing Address
104 N DALE MABRY HWY
C
TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2858497

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KODISH, STANLEY A
5121 EHRICH RD.
STE 101
TAMPA FL 33624

New ADDRESS

Name

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

12937 N. FIA AVE

City TAMPA

FL

Zip Code 33612

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P
KODISH, STANLEY A
STREET ADDRESS 104 N DALE MABRY HWY STE C
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE NAME ☒ Change ☐ Addition
12937 N. FIA AVE
STREET ADDRESS TAMPA FL. 33612
CITY-ST-ZIP

TITLE NAME DS
KODISH, MARYANN
STREET ADDRESS 104 N DALE MABRY HWY STE C
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE NAME ☒ Change ☐ Addition
12937 N. FIA AVE
STREET ADDRESS TAMPA FL. 33612
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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 #

CR2E034 (10/00)