

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L12228

1. Entity Name

PAIGE AUTO REPAIR AND BODY SHOP INC.

Principal Place of Business

C/O CROSWELL E. PAIGE
1730 WEST SUNRISE BLVD.
FT. LAUDERDALE FL 33311

Mailing Address

C/O CROSWELL E. PAIGE
1730 WEST SUNRISE BLVD.
FT. LAUDERDALE FL 33311
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PAIGE, CROSWELL E.
1730 WEST SUNRISE BLVD.
FT. LAUDERDALE FL 33311

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 ☐ Delete
NAME D
STREET ADDRESS PAIGE, KONRAD
CITY-ST-ZIP 4900 SW 11 CIR.
MARGATE FL

TITLE ☐ Delete
NAME D
STREET ADDRESS PAIGE, CROSWELL E.
CITY-ST-ZIP 9605 N.W. 28 CT.
CORAL SPRINGS FL

TITLE ☐ Delete
NAME D
STREET ADDRESS PAIGE, EVON
CITY-ST-ZIP 10339 N.W. 15 ST.
CORAL SPRINGS FL

TITLE ☐ Delete
NAME D
STREET ADDRESS PAIGE, OPAL
CITY-ST-ZIP 4900 S.W. 11 CIR.
MARGATE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Croswell Paige Croswell Paige

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

Date

954-463-7504

Daytime Phone #

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90065 013 ***150.00

705640



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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