

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90082 006 ***158.75

DOCUMENT # P00000061140

1. Entity Name

PAGE COMMERCIAL REALTY, INC.



Principal Place of Business

11641 KEW GARDENS AVE
SUITE 207
WEST PALM BEACH FL 33410

Mailing Address

11641 KEW GARDENS AVE
SUITE 207
WEST PALM BEACH FL 33410

2. Principal Place of Business

5651 Corporate Way
Suite, Apt. #, etc.
Suite 2

3. Mailing Address

5651 Corporate Way
Suite, Apt. #, etc.
Suite 2

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

65-1035307

Applied For

Not Applicable

Zip

33407-2020

Country

Palm Beach

Zip

33407-2020

Country

Palm Beach

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WHITMIRE, DRENNEN L JR
450 ROYAL PALM WAY, 6TH FLOOR
PALM BEACH FL 33480

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. 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

3-23-2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE D
NAME PAGE, TIMOTHY J
STREET ADDRESS 624 SHORE RD
CITY-ST-ZIP N PALM BEACH FL 33408

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-2003 561-471-4290

Date

Daytime Phone #

CR2E034 (10/02)