

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90017 012 ***150.00

DOCUMENT # P00000115527

1. Entity Name

SORENSEN-PAGE CORPORATION

Principal Place of Business

**14746 OSPREY PT. DR.
 FT. MYERS FL 33908**

Mailing Address

**14746 OSPREY PT. DR.
 FT. MYERS FL 33908**

2. Principal Place of Business

14580 GRANDE CAY CIR

Suite, Apt. #, etc.

2505

3. Mailing Address

14580 GRANDE CAY CIR

Suite, Apt. #, etc.

2505

City & State

FT. MYERS FL.

City & State

FT MYERS FL.

Zip

33908

Country

U.S.A.

Zip

33908

Country

U.S.A.

4. FEI Number

65-1066101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SORENSEN, DAVID

14746 OSPREY PT. DR.

FT. MYERS FL 33908

7. Name and Address of New Registered Agent

DAVID M. SORENSON

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

14580 GRANDE CAY CIR.

SUITE 2505

City

FT. MYERS

FL

Zip Code

33908

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

DAVID M. SORENSON PRES. 04/10/02

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, 2002 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 **D** ☒ Delete
 NAME **SORENSEN, DAVID**
 STREET ADDRESS **14746 OSPREY PT. DR.**
 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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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 **D. M. SORENSON** ☒ Change ☐ Addition
 NAME **DAVID M. SORENSON**
 STREET ADDRESS **14580 GRANDE CAY CIR. #2505**
 CITY-ST-ZIP **FT MYERS, FL. 33908**

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

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

TITLE ☐ Change ☐ Addition
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 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:

DAVID M. SORENSON 04/10/02 941-437-5436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)