FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *PO1000049508*

1. Entity Name

PAGE TECHNOLOGIES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4301 OAK CIRCLE

Suite, Apt. #, etc.
SUITE 8

City & State
BOCA RATON   FL

Zip *33431*   Country *U.S.*

3. Mailing Address
4301 OAK CIRCLE

Suite, Apt. #, etc.
SUITE 8

City & State
BOCA RATON   FL

Zip *33431*   Country *U.S.*

DO NOT WRITE IN THIS SPACE

4. FEI Number *650956925*

Applied For ☐ Not Applicable ☐

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *SISSON, LARRY*

Street Address (P.O. Box Number is Not Acceptable)
218 SOUTHERN COUNTRY LN

City *QUINCY*   FL   Zip Code *32351*

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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 *DP*	TITLE
NAME *GOLDSTEIN, MICHAEL*	NAME
STREET ADDRESS *827 NE 33RD S*	STREET ADDRESS
CITY-ST-ZIP *BOCA RATON, FL 33431*	CITY-ST-ZIP
TITLE *DV*	TITLE
NAME *MANTON, RUSSELL*	NAME
STREET ADDRESS *840 PINE DR, #2*	STREET ADDRESS
CITY-ST-ZIP *POMPANO BEACH, FL 33060*	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP **DO NOT WRITE**
TITLE	TITLE **IN THIS SPACE**
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
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TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	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 on an attachment with an address, with all other like empowered.

SIGNATURE: *(signed)* *MICHAEL GOLDSTEIN* *4/29/02* *561-995-00cy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #