

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90195 028 \*\*\*150.00

**DOCUMENT # P12482**

1. Entity Name  
**PAGE NATIONAL, INC.**



Principal Place of Business  
**11721 W CARMEN AVE  
MILWAUKEE WI 53225**

Mailing Address  
**11721 W CARMEN AVE  
MILWAUKEE WI 53225**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **39-1204359**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent

**SANDERS, JOHN A.  
111 N. ORANGE AVENUE  
SUITE 1800  
ORLANDO FL 32802**

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]* President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/23/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Delete  
NAME **HEYRMAN, JAMES F.**  
STREET ADDRESS **11611 W. NORTH AVE STE 200**  
CITY-ST-ZIP **MILWAUKEE WI 53226**

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

P ☐ Delete  
NAME **BOURQUE, PAMELA**  
STREET ADDRESS **11611 W. NORTH AVE STE 200**  
CITY-ST-ZIP **MILWAUKEE WI 53226**

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

VD ☐ Delete  
NAME **HEYRMAN, MARK**  
STREET ADDRESS **11611 W. NORTH AVE STE 200**  
CITY-ST-ZIP **MILWAUKEE WI 53226**

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

AS ☐ Delete  
NAME **HEYRMAN, JOHN**  
STREET ADDRESS **11611 W NORTHAVE STE 200**  
CITY-ST-ZIP **MILWAUKEE WI 53226**

☐ Change ☐ Addition  
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☐ Delete  
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CITY-ST-ZIP

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]* **Pamela Bourque President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/23/03 (414) 353-3300**

Date

Daytime Phone #

CR2E034 (10/02)