

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90073 019 \*\*\*150.00

**DOCUMENT # P21910**

**1. Entity Name**  
**GORDON PAGE ASSOCIATES, INC.**

**Principal Place of Business**

**777 GLOUCESTER STREET  
 SUITE 401  
 BRUNSWICK GE 31520  
 US**

**Mailing Address**

**777 GLOUCESTER ST., SUITE 401  
 P.O. BOX 1396  
 BRUNSWICK GA 31521**

**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**

**58-1822277**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DILLER, STEPHEN C.W.**

**7206 STATE ROAD 52 13043 US 19  
 SUITE 10  
 HUDSON FL 34667**

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.

**STEPHEN C.W. DILLER, Sec.**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/02**

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**S.**  
**DILLER, STEPHEN C.W.**  
**STREET ADDRESS** **9870 LAKEVIEW DR 5849 THRUSH DR.**  
**CITY-ST-ZIP** **NEW PT RICHEY FL NEW PORT RICHEY, FL**

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

**TITLE** ☐ Delete  
**AS**  
**BISHOP, JAMES A.**  
**STREET ADDRESS** **777 GLOUCESTER ST. S.401**  
**CITY-ST-ZIP** **BRUNSWICK GA**

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

**TITLE** ☐ Delete  
**PD**  
**PAGE L.A.**  
**STREET ADDRESS** **531 ANCLOTE ROAD C-12**  
**CITY-ST-ZIP** **TARPON SPRINGS FL 34689**

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

**TITLE** ☐ Delete  
**VPD**  
**PAGE, L.E.**  
**STREET ADDRESS** **531 ANCLOTE ROAD C-12**  
**CITY-ST-ZIP** **TARPON SPRINGS FL 34689**

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

**TITLE** ☐ Delete  
**D**  
**PAGE, T.W.**  
**STREET ADDRESS** **531 ANCLOTE ROAD C-12**  
**CITY-ST-ZIP** **TARPON SPRINGS FL 34689**

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

**TITLE** ☐ Delete  
**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SIGNATURE** *[Signature]* **Pres.** **A. PAGE 4-20-02**

CR2E034 (9/01)