

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000002339

1. Entity Name

PAIGE & ASSOCIATES CORP.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90025 035 ***150.00

Principal Place of Business

700 WEST HILLSBORO BLVD.
BLDG. 3. STE 101
DEERFIELD BEACH FL 33441
US

Mailing Address

700 WEST HILLSBORO BLVD.
BLDG. 3. STE 101
DEERFIELD BCH FL 33441
US

2. Principal Place of Business

700 W. Hillsboro Blvd.

Suite, Apt. #, etc.

Bldg 3 Suite 101

City & State

Deerfield Beach FL

Zip
33441

Country
USA

3. Mailing Address

700 W. Hillsboro Blvd

Suite, Apt. #, etc.

Bldg 3 Suite 101

City & State

Deerfield Beach FL

Zip
33441

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0368603

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

PAIGE, GREGORY L
21819 TOWN PLACE DRIVE
BOCA RATON FL 33433

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.

(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, 2001 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 PD ☐ Delete
NAME PAIGE, GREGORY L
STREET ADDRESS 21819 TOWN PLACE DRIVE
CITY-ST-ZIP BOCA RATON FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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

GREGORY L. PAIGE
MANAGING DIRECTOR

Date

Daytime Phone #

4/26/01 954 418-8601

CR2E034 (10/00)