

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000063478

1. Entity Name

PAGE ONE CONSULTANTS, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90078 040 ***158.75

Principal Place of Business

5738 S SEMORAN BLVD
ORLANDO FL 32822
US

Mailing Address

POST OFFICE BOX 678733
ORLANDO FL 32867-8733
US

2. Principal Place of Business

5780 Hoffner Ave.

3. Mailing Address

5780 Hoffner Ave.

Suite, Apt. #, etc.

Suite 401

Suite, Apt. #, etc.

Suite 401

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32822

Country

USA

Zip

32822

Country

USA

4. FEI Number

59-3195543

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAGE, SHERYL M.
1017 PEGEL COURT
OVIEDO FL 32678

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

32765

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

Sheryl M. Page / President

1/6/2000

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, 2000 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 PCEO
NAME PAGE, SHERYL M
STREET ADDRESS 1017 PEGEL COURT
CITY-ST-ZIP OVIEDO FL ☐ Delete

TITLE VPS
NAME ECKSTEIN, MICHAEL L
STREET ADDRESS 5989 AUGUSTA NATIONAL DRIVE, #112
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS 400 E. Colonial #1501
CITY-ST-ZIP Orlando FL 32803 ☒ Change ☐ Addition

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

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

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

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

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:

Sheryl M. Page
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/2000 (407) 275-3120

CR2F034 (9/98)