

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91453 019 ***150.00

DOCUMENT # **P94000043734**

1. Entity Name
PAGE CALL COMMUNICATIONS, INC.



Principal Place of Business

~~9946 B CLEVELAND AVE~~
~~FORT MYERS FL 33901~~
~~US~~

Mailing Address

7181 COLLEGE PKWY
SUITE 30
FORT MYERS FL 33907
US

2. Principal Place of Business

7181 College Pkwy
Suite, Apt. #, etc.
Suite 30

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

4. FEI Number **11-3212237**

Applied For

Not Applicable

Zip

33907

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LEVY, KIM
2110 CLEVELAND AVENUE
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

Lowell S. Schoenfeld

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

1520 Royal Palm Square Boulevard

Suite 320

City

Fort Myers

FL

Zip Code

33919

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

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

TITLE ☐ Delete
NAME **PVST**
STREET ADDRESS **KANE, DAVID J**
CITY-ST-ZIP **6053 TIMBERWOOD CIR #233**
FT MYERS FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Apr 03 239-936-8740
Date Daytime Phone #

CR2E034 (10/02)