

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022525

1. Entity Name

PAGE TRAVEL SERVICES, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90014 016 ***150.00

Principal Place of Business

10879 METRO PARKWAY
FT. MYERS FL 33912

Mailing Address

10879 METRO PARKWAY
FT. MYERS FL 33912-1106

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0558486

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PAGE, FEROL
3458 HANCOCK BRIDGE PKWY., UNIT 154
NORTH FORT MYERS FL 33903

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PAGE, FEROL
STREET ADDRESS 3458 HANCOCK BRIDGE PKWY., UNIT 154
CITY-ST-ZIP NORTH FORT MYERS FL 33903 ☐ Delete

TITLE PD
NAME PAGE, FEROL
STREET ADDRESS 18241 PARKRIDGE CT.
CITY-ST-ZIP FT. MYERS, FL 33908 ☒ Change ☐ Addition

TITLE STD
NAME PAGE, CHERYL
STREET ADDRESS 6075 ISLAND PARK COURT
CITY-ST-ZIP FORT MYERS FL 33908 ☐ Delete

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

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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:

Ferol Page
PAGE, FEROL, PAGE,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00
Date

941 275-4516

Daytime Phone #

CS - 014 (9/99)