## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **P95000049991** Jun 09, 2000 8:00 am **Secretary of State** INTER PAGE CORPORATION 06-09-2000 90015 034 \*\*\*150.00 Principal Place of Business Mailing Address 618 N. US HIGHWAY ONE 618 N. US HIGHWAY ONE SUITE 200 SUITE 200 NORTH PALM BEACH FL 33408-4609 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0590164 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OWENS, FRANK J Street Address (P.O. Box Number is Not Acceptable) 11710 STONEHAVEN WAY WEST PALM BEACH FL 33412 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 DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DP DIRKETOR Change Addition TITLE TITLE ☐ Delete JANET PETRIE OWENS, FRANK J 5418 DAK HONT VILLAGE CIRCLE NAME NAME STREET ADDRESS 11710 STONEHAVEN WY STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33412 VICE-PRESIDENT | SECRETHRY **Change** Change ☐ Addition **DVPS** ☐ Delete TITLE LANKENCE A. GORDON GORDON, LAWRENCE A NAME NAME SHIB CARHONT VILLAGE CIRCLE STREET ADDRESS STREET ADDRESS 11211 S MILITARY TR APT 3824 LAKE WORTH, PL 33463 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** -- Change ☐ Addition~ ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 truege empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

dress, with all other like empowered.

SIGNATURE: