

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90300 035 ***150.00

DOCUMENT # P95000049991

1. Entity Name

INTER PAGE CORPORATION



Principal Place of Business

**618 N. US HIGHWAY ONE
SUITE 200
NORTH PALM BEACH FL 33408**

Mailing Address

**618 N. US HIGHWAY ONE
SUITE 200
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

**7354 Central Industrial Dr.
Suite, Apt. #, etc.
110A**

3. Mailing Address

**7354 Central Industrial Dr.
Suite, Apt. #, etc.
110A**

City & State

Riviera Beach, FL

City & State

Riviera Beach, FL

Zip

33404

Country

Palm Beach

Zip

33404

Country

Palm Beach



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0590164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OWENS, FRANK J
11710 STONEHAVEN WAY
WEST PALM BEACH FL 33412**

7. Name and Address of New Registered Agent

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. 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

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 **DP** ☐ Delete
NAME **OWENS, FRANK J**
STREET ADDRESS **11710 STONEHAVEN WY**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **VPS** ☐ Delete
NAME **GORDON, LAWRENCE A**
STREET ADDRESS **5418 OAKMONT VILLAGE CIR.**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D** ☐ Delete
NAME **PETRIE, JANET**
STREET ADDRESS **5418 OAKMONT VILLAGE CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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

Lawrence A Gordon
Director

4/25/03
Date

(31) 844-7900
Daytime Phone #

CR2E034 (10/02)