

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90126 034 ***150.00

DOCUMENT # P96000033522

1. Entity Name
4-PAGE MEDIA INC.



Principal Place of Business
8652 YEARLING DRIVE
LAKE WORTH FL 33467-5510

Mailing Address
P.O. BOX 20746
WEST PALM BEACH FL 33416

2. Principal Place of Business
14404 NW 145th Ave
Suite, Apt. #, etc.

3. Mailing Address
PO Box 303
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
ALACHUA, FL

City & State
ALACHUA, FL

4. FEI Number 65-0661318

Applied For
Not Applicable

Zip Country
32615 ALACHUA

Zip Country
32615 ALACHUA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLONTZ, DEREK E
8652 YEARLING DRIVE
LAKE WORTH FL 33467

32616

7. Name and Address of New Registered Agent

Name DEREK E. CLONTZ
Street Address (P.O. Box Number is Not Acceptable)
14404 NW 145th Ave.

City ALACHUA, FL Zip Code 32615

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

DEREK E. CLONTZ

4/27/03

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 D ☐ Delete
NAME CLONTZ, DEREK
STREET ADDRESS 8652 YEARLING DRIVE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Delete
NAME 14404 NW 145th Ave.
STREET ADDRESS ALACHUA, FL 32615
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

DEREK E. CLONTZ 4/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)