

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044591

1. Entity Name

U-PAGE II, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90906 025 ***150.00

Principal Place of Business

2638 SOUTH HARBOUR CITY BLVD. STE A
MELBOURNE FL

Mailing Address

2638 SOUTH HARBOUR CITY BLVD. STE A
MELBOURNE FL 32901-7274

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3382267**

Applied For

Not Applicable

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

BANKS, MARY E
704 E. BROTHERS AVENUE
MELBOURNE FL 32901

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	P	<input type="checkbox"/> Delete
NAME	BANKS, MARY E	
STREET ADDRESS	704 E BROTHERS AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BANKS, VAN YS W	
STREET ADDRESS	704 E BROTHERS AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	S	<input type="checkbox"/> Delete
NAME	BANKS, VALERIAN L	
STREET ADDRESS	P.O. BOX 61118	
CITY-ST-ZIP	PALM BAY FL 32906	
TITLE	T	<input type="checkbox"/> Delete
NAME	BANKS, VALERIAN L	
STREET ADDRESS	P.O. BOX 61118	
CITY-ST-ZIP	PALM BAY FL 32906	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANTLEY, NOMER L	
STREET ADDRESS	506 WALKER STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERRIX, WILLIE	
STREET ADDRESS	1018 FLOTTILA CLUB DRIVE	
CITY-ST-ZIP	INDIAN HARBOUR BCH. FL 32937	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)