2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700060672 1. Entity Name PAGE PIPING, INC.				!)	FILED Feb 27, 2001 8:00 am Secretary of State 02-27-2001 90336 003 ***150.00	
Principal Place of Business PAGE PIPING INC. 1660 OLD SOUTH RD., LOT H LAKE BUENA VISTA FL 32830 US		Mailing Address P O BOX 22180 LAKE BUENA VISTA FL 32830 US			CONS4212	
2. Principal Place of Business		3. Mailing Address		•		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State		4	4. FEI Number 59-3455346 Applied For	
Zip	Country	Zip	Country		5. Certificate of Status Desired Status Desired	
	6. Name and Address of Current Re	gistered Agent		7	Commute of ordered Desired Fee Required. Fee Required.	
MARK, F G 10113 DON HILL COURT ORLANDO FL 32821			Street Ad	dress (P.C	Zip Code	
8. The above	e named entity submits this statement for the	an	registered office or r Joseph B. F Registered Agent signature	Dage	President	
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)		! FEE IS \$150.00)1 Fee will be \$55 le to Department	50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11.	OFFICERS AND DI		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARK, F G	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, GUY C = 7981 SNOWBERRY CIRCLE ORLANDO FL 32819	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, SIMON H 2600 WESTERN PKWY ORLANDO FL 32803	🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗋 Change 📋 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAGE, JOSEPH B 3023 ETTA CR DELTONA FL 32738	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3023	[¥] Change ☐ Addition h B. Page Etta Cr na FL 32738	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME Street address City-St-Zip		Change Addition	
indicated of the cor	on this report or supplemental report is tru	ue and accurate and that me ared to execute this report a	v signature shall hav	ve the sam	on 119.07(3)(i), Florida Statutes. I further certify that the information he legal effect as if made under oath; that I am an officer or director lorida Statutes; and that my name appears in Block 11 or Block 12 if	
SIGNAT		TED NAME OF SIGNING OFFICER O		. Page	e - President 407 828 0175 Date Daytime Phone #	