## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPE COMPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # P98000072546 Jan 28, 2000 8:00 am **Secretary of State** DOUGLAS M. PAGE ENTERPRISES, INC. 01-28-2000 90205 036 \*\*\*150.00 Principal Place of Business Mailing Address 1546 KIRKWOOD STREET 1546 KIRKWOOD STREET NORTH PORT FL 34286-8128 NORTH PORT FL 34286 CIRATARA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number APPLIED FOR Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CANAN, MICHAEL J ESQ Street Address (P.O. Box Number is Not Acceptable) 201 E. PINE STREET **SUITE 1200** ORLANDO FL 32801 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD ☐ Addition TITLE ☐ Delete TITLE PAGE, DOUGLAS M NAME NAME 1546 KIRKWOOD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH PORT FL 34286 ☐ Addition ☐ Change ☐ Delete TITLE TITLE PAGE, SANDRA D NAME NAME STREET ADDRESS 1546 KIRKWOOD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH PORT FL 34286 Delete TITLE Change Addition NAME ÑAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Date

Daytime Phone #