

FILED
May 05, 2003 8:00 am
Secretary of State

0556929 AV

DOCUMENT # P990000030291		Secretary of State	
1. Entity Name GLENN LE PAGE, INC.		05-05-2003 91443 028 ***150.00	
Principal Place of Business 4753 LARK RIDGE CIRCLE SARASOTA FL 34233		Mailing Address 4753 LARK RIDGE CIRCLE SARASOTA FL 34233	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LE PAGE, GLENN 4753 LARK RIDGE CIRCLE SARASOTA FL 34233		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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP NAME LE PAGE, GLENN STREET ADDRESS 4753 LARK RIDGE CIRCLE CITY-ST-ZIP SARASOTA FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DV NAME LE PAGE, CHER STREET ADDRESS 4753 LARK RIDGE CIRCLE CITY-ST-ZIP SARASOTA FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Cher Le Page 5-1-03 941-925-7945			