2001 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # 635964** PAGE FAMILY CORPORATION 01-25-2001 90103 029 ***150 00 Mailing Address Principal Place of Business 4805 NORTHRIDGE PL NE 203 N. KINGS ROAD ALBUQUERQUE NM 87111 CALLAHAN FL 32011 us 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2445604 Not Applicable Zip 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 PAGE, JOHN H Street Address (P.O. Box Number is Not Acceptable) 4598 BISMARK RD CALLAHAN FL 32011 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE PAGE, JOHN H NAME NAME 4598 BISMARK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CALLAHAN FL 32011 Change : ☐ Addition ☐ Delete YOUNG, MARLENE PAGE NAME 11673 WOODSTREAM RD 6138-61ST-LOOP STREET ADDRESS STREET ADDRESS Vacksonvilla Florida LACEY WA-98513 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition STD TITLE Delete TITLE PAGE, RONALD, E NAME NAME 4805 NORTHRIDGE PL NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALBUQUERQUE NM CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAMÉ 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.

FILED