

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90291 009 ***150.00

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1. Entity Name
PAGE FAMILY CORPORATION



Principal Place of Business
**203 N. KINGS ROAD
CALLAHAN FL 32011
US**

Mailing Address
~~4805 NORTHBRIDGE PL NE~~
~~ALBUQUERQUE NM 87111~~
**P.O. Box 1382
CALLAHAN, FL 32011**

2. Principal Place of Business

3. Mailing Address
P.O. Box 1382

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CALLAHAN FL

Zip

Country

Zip
32011

Country

USA

4. FEI Number **59-2445604**

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

**PAGE, JOHN H
4598 BISMARK RD
CALLAHAN FL 32011**

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

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
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	PAGE, JOHN H	NAME	
STREET ADDRESS	4598 BISMARK RD	STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL 32011	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	YOUNG, MARLENE PAGE	NAME	
STREET ADDRESS	4001 HAZEL JONES ROAD	STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL 32011	CITY-ST-ZIP	
TITLE	STD.	TITLE	
NAME	PAGE, RONALD, E	NAME	
STREET ADDRESS	4805 NORTHBRIDGE PL NE	STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **John H. Page** PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 JAN 03
Date

904-879-7082
Daytime Phone #

CR2E034 (10/02)