

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90177 006 ***150.00

DOCUMENT # J02469
 1. Entity Name
PAGE ISLAND REALTY CORP.

Principal Place of Business 1733 PACE ISLAND TRACE ORANGE PARK FL 32073	Mailing Address 1733 PACE ISLAND TRACE ORANGE PARK FL 32073
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1909 Salt Myrtle Ln Suite, Apt. #, etc.	3. Mailing Address 1909 Salt Myrtle Ln Suite, Apt. #, etc.
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City & State Orange Park, FL	City & State Orange Park, FL	4. FEI Number 59-2654851	Applied For <input type="checkbox"/> Not Applicable
Zip 32003	Country USA	Zip 32003	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**KEEFE, KENNETH M. JR.
 60 NORTH LAURA STREET, SUITE 3300
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent
 Name **RAX CO c/o Kenneth M. Keefe, Jr.**
 Street Address (P.O. Box Number is Not Acceptable)
50 North Laura Street, Suite 3300
 City **Jacksonville** FL Zip Code **32202**

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 **Kenneth Keefe U.P. Raxco.** DATE **3/5/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME S LEACH, AUGUSTA P	<input type="checkbox"/> Delete
STREET ADDRESS 1733 PACE ISLAND TRACE	
CITY-ST-ZIP ORANGE PARK FL 32073	
TITLE NAME V WOOD, SUSAN D.	<input type="checkbox"/> Delete
STREET ADDRESS 1733 PACE ISLAND TRACE	
CITY-ST-ZIP ORANGE PARK FL 32073	
TITLE NAME D KILNER, FLORENCE D.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1733 PACE ISLAND TRACE	
CITY-ST-ZIP ORANGE PARK FL	
TITLE NAME DP PAGE, T W	<input type="checkbox"/> Delete
STREET ADDRESS 1733 PACE ISLAND TRACE	
CITY-ST-ZIP ORANGE PARK FL 32073	
TITLE NAME VT MIXON, B W	<input type="checkbox"/> Delete
STREET ADDRESS 1909 SALT MYRTLE LANE	
CITY-ST-ZIP ORANGE PARK FL 32073	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME S LEACH, Augusta P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1909 Salt Myrtle Ln	
CITY-ST-ZIP Orange Park FL 32003	
TITLE NAME V WOOD, Susan D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1909 Salt Myrtle Ln	
CITY-ST-ZIP Orange Park, FL 32003	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME DP PAGE, T.W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1909 Salt Myrtle Ln.	
CITY-ST-ZIP Orange Park FL 32003	
TITLE NAME VT MIXON, B.W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1909 SALT Myrtle Ln	
CITY-ST-ZIP Orange Park FL 32003	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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.

SIGNATURE: **B.W. Mixon, VP Treas.** DATE: **3-1-01** DAYTIME PHONE #: **904-264-2142**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)