

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078835

1. Entity Name

PAGE ENCLOSURES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90568 002 ***150.00

Principal Place of Business

11581 PAWLEY AVE.
 BONITA SPRINGS FL 34135

Mailing Address

11581 PAWLEY AVE.
 BONITA SPRINGS FL 34135-5926

2. Principal Place of Business

3. Mailing Address

P.O. Box 2527

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bonita Springs, FL

Zip

Country

Zip

34133-2527

Country

4. FEI Number

59-3596465

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

CASEY, PATRICK B., J.D., CPA
 9240 BONITA BEACH RD.
 STE.2209 SUNSHINE PROFESSIONAL CNT.
 BONITA SPRINGS FL 34135

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/00

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P,D ☐ Delete
 NAME Dexter Serrao
 STREET ADDRESS 11581 Pawley Ave
 CITY-ST-ZIP Bonita Springs, FL 34135

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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:

Dexter A. Serrao Dexter A. Serrao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 941-498-6432

Date

Daytime Phone #

CR2E034 (9/99)