

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

0145666 SP

DOCUMENT # F95000002485

1. Entity Name
 PAGE & JONES, INC.

Principal Place of Business Mailing Address
 P.O. DRAWER J P.O. DRAWER J
 MOBILE AL 36601 MOBILE AL 36601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

63-0309800

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

~~LEONARD, JEAN L~~
~~1117 NESTLING DRIVE~~
~~GULF BREEZE FL 32561~~

Ivey Geren
 1519 Mulberry Ave.
 Panama City, FL 32405

Name

Ivey Geren

Street Address (P.O. Box Number is Not Acceptable)

1519 Mulberry Ave.

City

Panama City, FL

Zip Code

32405

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 IVEY GEREN

Ivey Geren

08-02-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
 NAME LEE, MICHAEL B
 STREET ADDRESS 52 N. JACKSON ST.
 CITY-ST-ZIP MOBILE AL 36602 ☐ Delete

TITLE V
 NAME LEE, JAMES T III
 STREET ADDRESS 52 N. JACKSON ST.
 CITY-ST-ZIP MOBILE AL 36602 ☐ Delete

TITLE V
 NAME OATES, RICHARD J
 STREET ADDRESS 52 N. JACKSON ST.
 CITY-ST-ZIP MOBILE AL 36602 ☐ Delete

TITLE S
 NAME GEARY, THOMAS J III
 STREET ADDRESS 52 N. JACKSON ST.
 CITY-ST-ZIP MOBILE AL 36602 ☐ Delete

TITLE CT
 NAME LEE, RUFUS B
 STREET ADDRESS 52 N. JACKSON ST.
 CITY-ST-ZIP MOBILE AL 36602 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-01 3344321646

Date

Daytime Phone #

CR2E034 (5/01)