

06-05-00d

CK# 1001

DEPOSIT DATE

040538-TC \$ 100.00

472 JUN 16 2004

Vm

ORIGINAL

1. Name of company or name of individual (not fictitious name or d/b/a):

TOMMY PAGE

2. Name under which applicant will do business (fictitious name, etc.):

TOMMY PAGE EZ LINK

3. Official mailing address:

Street: 6901 CRANBERRY DR

P.O. Box:

City: NEW PORT RICHEY

State: FL Zip: 34653

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COMMISSION
CLERK

4. Florida address:

Street: 6901 CRANBERRY DR.

P.O. Box:

City: NEW PORT RICHEY

State: FL Zip: 34653

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

CMP _____

COM _____

CTR _____

ECR _____

GCL _____

OPC _____

MMS _____

RCA _____

SCR _____

SEC 1

OTH _____

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc