

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91335 008 ***150.00

DOCUMENT # H51735
 1. Entity Name
PHOENIX BODY & FABRICATION EQUIPMENT, INC.

Principal Place of Business 5821 STUART ST. P.O. BOX 60365 JACKSONVILLE FL 32236	Mailing Address 5821 STUART ST. P.O. BOX 60365 JACKSONVILLE FL 32236
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2. Principal Place of Business 5821 Stuart Street Suite, Apt. #, etc. 1168 Cahoon Road S	3. Mailing Address 5821 Stuart Street Suite, Apt. #, etc. 1168 Cahoon Road S
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City & State Jacksonville, FL	City & State Jacksonville, FL	4. FEI Number 59-2542017	Applied For Not Applicable
Zip 32221	Country USA	Zip 32221	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HALL, ARTHUR H.
RT. 1, BOX 346
BRYCEVILLE FL 32009

7. Name and Address of New Registered Agent
 Name
HALL, ARTHUR H.
 Street Address (P.O. Box Number is Not Acceptable)
1384 Cortez Road
Bryceville
 City
FL Zip Code
32009

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) DATE _____

8. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, ARTHUR H. RT. 1, BOX 346 BRYCEVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HALL, LINDA M. RT. 1, BOX 346 BRYCEVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, ARTHUR H. 1384 Cortez Road Bryceville, Florida 32009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HALL, LINDA M. 1384 Cortez Road Bryceville, Florida 32009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: A. H. HALL **A. H. HALL**
Signature and typed or printed name of signing officer or director Date 4-5-02 Daytime Phone # _____

CR2E034 (8/01)