

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0003545

**DOCUMENT # L00000015620**

1. Entity Name

**PHOENICIAN ACQUISITIONS OF FLORIDA, LLC**

03-29-2002 91212 049 \*\*\*\*\*50.00

Principal Place of Business

**800 NORTH MAGNOLIA AVENUE, SUITE 1500  
ORLANDO FL 32803**

Mailing Address

**800 NORTH MAGNOLIA AVENUE, SUITE 1500  
ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DETZEL, LAUREN Y  
800 NORTH MAGNOLIA AVENUE, SUITE 1500  
ORLANDO FL 32803**

Name  
**DEAN MEAD SERVICES, LLC**

Street Address (P.O. Box Number is Not Acceptable)  
**800 N. MAGNOLIA AVE.**

**SUITE 1500**

City  
**ORLANDO**

**FL**

Zip Code  
**32803**

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.

**DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., Sole Member**

SIGNATURE By: *[Signature]* **Lauren Y. Detzel, Vice Pres.**

**3/14/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GOLDSMITH, ANNA  
2009 VENETIAN WAY  
WINTER PARK FL 32789** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**407-353-1402**

CR2E083 (9/01)