

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90090 033 ***150.00

0080613

DOCUMENT # P00000027907

1. Entity Name

PHOENIX AUCTIONS, INC.

Principal Place of Business

292 N. WICKHAM RD.
 MELBOURNE FL 32935

Mailing Address

292 N. WICKHAM RD.
 MELBOURNE FL 32935

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3633505

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00030018



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PRICE, LYNN R P.A.
1901 HWY A1A,STE.2
INDIAN HARBOUR BEACH FL 32937

7. Name and Address of New Registered Agent

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)

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, 2001 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

TITLE **D** Delete
 NAME **LUPTON, THOMAS B**
 STREET ADDRESS **1026 WORTHINGTON SPRINGS DR.**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **D** Delete
 NAME **LUPTON, BARBARA M**
 STREET ADDRESS **1026 WORTHINGTON SPRINGS DR.**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **D** Delete
 NAME **SAROG, EDWARD A JR.**
 STREET ADDRESS **508 OAK MONT PLACE**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **D** Delete
 NAME **KASSE, JULIANE**
 STREET ADDRESS **508 OAK MONT PLACE**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **D** Delete
 NAME **BACK, DENNIS C**
 STREET ADDRESS **571 INVERNESS AVE.**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **D** Delete
 NAME **BACK, SHIRLEY E**
 STREET ADDRESS **571 INVERNESS AVE.**
 CITY-ST-ZIP **MELBOURNE FL 32940**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS BLUPTON

Date

3/27/01

Daytime Phone #

(321) 752-9442

CR2E034 (10/00)