2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 14, 2000 8:00 am Secretary of State **DOCUMENT # P35827** PHOENIX PHOSPHORS, INC. 02-14-2000 90030 038 ***150.00 Mailing Address Principal Place of Business 2377 STATE RD 37 SOUTH P O BOX 1439 BUUKUUE MULBERRY FL 33860-1439 MULBERRY FL 33860 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 52-1548327 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ್ಷಾಪ್ರತಿ ಎಂದು ಮಾರ್ಕಾರ್ ನಿರ್ವಹಿಸ್ ಎಲ್ಲಾರ್ WEHRUNG, JOHN M Street Address (P.O. Box Number is Not Acceptable) 10301 US HWY 27 CLERMONT FL 34711 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE WEHRUNG, JOHN M. NAME NAME STREET ADDRESS 10301 US HIGHWAY 27 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 ☐ Addition ☐ Change Delete TITLE TITLE NADOLSKI, THOMAS P. NAME NAME STREET ADDRESS 912 CENTERBROOK DR STREET ADDRESS CITY-ST-ZIP **BRANDON FL** 3 C/TY-ST-7/P ☐ Addition Change ☐ Delete CHAIFETZ, RICHARD II. ------NAME NAME STREET ADDRESS 3 FULHAM CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SILVER SPRING MD Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition Change ☐ Delete TITLE NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS 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.