

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90235 026 ***150.00

DOCUMENT # **P93000003826**



1. Entity Name
PHRST & COMPANY, INC.

Principal Place of Business
~~8149 S.W. 191ST ST.~~
~~MIAMI, FL 33157~~

Mailing Address
~~8149 S.W. 191ST ST.~~
~~MIAMI, FL 33157~~



2. Principal Place of Business
1201 N. Oceanshore Blvd.
Suite, Apt. #, etc.

3. Mailing Address
1201 N. Oceanshore Blvd.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Flagler Beach, FL

City & State
Flagler Beach, FL

4. FEI Number **65-0387309** Applied For
Not Applicable

Zip Country **32136 USA** Zip Country **32136 USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DAVID, THOMAS L
1428 BRICKELL AVE.
8TH FLOOR
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete PARKER, DR. CLAUDIA J 8149 S.W. 191ST ST. 1201 N. Oceanshore Blvd MIAMI, FL 33157 Flagler Beach, FL 32136 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete PARKER, RAYMOND A 8149 S.W. 191ST ST. 1201 N. Oceanshore Blvd. MIAMI, FL 33157 Flagler Beach, FL 32136 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claudia J. Parker SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CLAUDIA J. PARKER** 24 Jan 03 305-631-7087
Date Daytime Phone #

CR2E034 (10/02)