

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90211 024 ***150.00

DOCUMENT # P97000020966
 1. Entity Name
PHOENIX AUTO SPORT, INC.

Principal Place of Business 9308 WINDY RIDGE ROAD WINDEMERE FL 34786	Mailing Address POST OFFICE BOX 758 GOTHA FL 34734-0758
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 973 SADDLEBACK RIDGE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State APOPKA FL	4. FEI Number 65-0743875	Applied For <input type="checkbox"/> Not Applicable
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Zip 32703	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**PIRROTTA, DOUGLAS
 9308 WINDY RIDGE RD
 WINDERMERE FL 34786**

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 **D. PIRROTTA PRESIDENT** DATE **4/18/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	PIRROTTA, DOUGLAS J	9308 WINDY RIDGE ROAD	WINDEMERE FL 34786	<input type="checkbox"/>
T	PIRROTTA, SUSAN	9308 WINDY RIDGE RD	WINDERMERE FL 34786	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: DATE: **4/18/00** DAYTIME PHONE #: **407 886 7386**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)