## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 14, 2002 8:00 am Secretary of State

05-14-2002 90335 050 \*\*\*150.00

DOCUMENT # P01000004116	/
Phoenix Construction and Developme Company, Inc.	nt

DO NOT WRITE IN THIS SPACE

B0101801

2. Principal Place of Business 3. Mailing Address P.O. Box 909 <u>4044 Newport Drive</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 219 City & State City & State 4. FEI Number Applied For New Port Richey, FL 59-3710983 New Port Richey, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34652 US 34656 US Fee Required

> DO NOT WRITE IN THIS SPACE

/. Name and Address of Current Registered Agent				
Robert L. Tankel				
Street Address (P.O. Box Number is Not Acceptable) .				
1022 Main Street, Suite	D	···		
CityDunedin	FI	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** (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS

11. PSTD TITLE NAME William D. Paul II NAME STREET ADDRESS STREET ADDRESS 4044 Newport Drive, Suite 219 CITY-ST-ZIP CITY-ST-ZIP New Port Richey, FL 34652 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2002

(727) 845-5252

Daytime Phone #

CR2E034B (12/01)