

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90144 004 ***150.00

DOCUMENT # F60540

1. Entity Name

PHROGUE ENTERPRISES, INCORPORATED

Principal Place of Business

1907 CALUMET STREET
 CLEARWATER FL 33765

Mailing Address

1907 CALUMET STREET
 CLEARWATER FL 33765

914040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4938 ST CROIX A

3. Mailing Address

4938 ST CROIX A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33629

Country

Hillborough

Zip

33629

Country

Hillborough

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, BILL
 1907 CASLUMET ST
 CLEARWATER FL 34625

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4938 ST CROIX A

City

Tampa

FL

Zip Code

33629

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 DVP
 NAME JOHNSON, BILL D
 STREET ADDRESS 1907 CALUMET STREET
 CITY-ST-ZIP CLEARWATER, FL 00000 ☐ Delete

TITLE DP
 NAME JOHNSON, D J
 STREET ADDRESS 1907 CALUMET STREET
 CITY-ST-ZIP CLEARWATER, FL 00000 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.P.T.
 NAME Bill D Johnson
 STREET ADDRESS 4938 ST CROIX A
 CITY-ST-ZIP Tampa FL 33629 ☒ Change ☐ Addition

TITLE Mary Lou Johnson Sr.
 NAME
 STREET ADDRESS 4938 ST CROIX A
 CITY-ST-ZIP Tampa FL 33629 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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

1/24/01 813-286-7888

Date

Daytime Phone #

CR2E034 (10/00)