

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H67764**

1. Entity Name

PHOENIX INTERNATIONAL INDUSTRIES INC.**FILED**
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90115 013 ***150.00

Principal Place of Business

**1750 OSCEOLA DRIVE
W. PALM BEACH FL 33409
US**

Mailing Address

**1750 OSCEOLA DRIVE
W. PALM BEACH FL 33409
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2564162**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KOEPEL, JOEL P ESQUIRE
222 LAKEVIEW AVENUE
SUITE 260
WEST PALM BEACH FL 33401**

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

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	P	<input type="checkbox"/> Delete
NAME	HARYMAN, GERARD	
STREET ADDRESS	1750 OSCEOLA DRIVE	
CITY - ST - ZIP	W. PALM BEACH FL 33409	

TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER, TIMOTHY	
STREET ADDRESS	1750 OSCEOLA DRIVE	
CITY - ST - ZIP	W. PALM BEACH FL 33409	

TITLE	VP	<input type="checkbox"/> Delete
NAME	DONALDSON, THOMAS	
STREET ADDRESS	1750 OSCEOLA DRIVE	
CITY - ST - ZIP	W. PALM BEACH FL 33409	

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-03-01 561-688-0440

Date

Daytime Phone #

0288079

CR2E034 (10/00)