2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am K51334 DOCUMENT # **Secretary of State** 1. Entity Name 02-04-2002 90257 013 ***150.00 PHOENIX ENTERPRISES, INC. Principal Place of Business Mailing Address 4047 BEE RIDGE RD 4047 BEE RIDGE RD SUITE A SUITE A SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0087693 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name. COX. BIRGIT P. Street Address (P.O. Box Number is Not Acceptable) 7367 QUARTER HORSE RD SUITE 870 Zip Code SARASOTA FL 34241 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE THILE COXIBIRGITIP. 7367 QUARTER HORSE Rd COX, BIRGIT P NAME NAME STREET ADDRESS STREET ADDRESS 3920 CASEY KEY ROAD SavasotA, FL. 34241 CITY-ST-7IP CITY-ST-ZIP NOKOMIS FL 34275 Change Addition □ Delete TITLE TITL F GUYNN, STACY 1367 QUARTER BORSER NAME NAME GUYNN, STACY STREET ADDRESS STREET ADDRESS 3920 CASEY KEY ROAD SARASOTA, FL, 34241 CITY-ST-7IP CITY-ST-ZIP NOKOMIS FL 34275 Change ____ Addition_ ☐ Delete TITLE-1tft F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

(71)

941-921-46

Daytime Phone #

FILED