

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90230 026 \*\*\*\*55.00

**DOCUMENT # L00000012068**

1. Entity Name

PHOENIX RESOURCES, LLC

Principal Place of Business

2710 HIBISCUS DR.  
 BELLEAIR BEACH FL 33786

Mailing Address

2710 HIBISCUS DR.  
 BELLEAIR BEACH FL 33786

2. Principal Place of Business

6721 PARK BLVD-OFFICE

3. Mailing Address

7100 ULMERTON RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 627

City & State

PINELLAS PARK, FL

City & State

LARGO, FL

Zip

33781

Country

Zip

33771

Country

4. FEI Number

59-3681047

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DAVIS, SAM  
 2710 HIBISCUS DR.  
 BELLEAIR BEACH FL 33786

7. Name and Address of New Registered Agent

Name

SAM DAVIS

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

7100 ULMERTON RD. # 627

City

LARGO

FL

Zip Code

33771

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCFERRIN, CINDY 2710 HIBISCUS DR. BELLEAIR BEACH FL 33786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, SAM 2710 HIBISCUS DR. BELLEAIR BEACH FL 33786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7100 ULMERTON RD. # 627 LARGO, FL 33771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7100 ULMERTON RD. # 627 LARGO, FL 33771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Sam Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/10/02

727-530-7141

CR2E083 (9/01)