

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90187 012 \*\*\*150.00

DOCUMENT # L47738

1. Entity Name

PHENIX PROPERTIES DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

C/O MICHELLE P. SMITH  
P O BOX 423238  
KISSIMMEE FL 34742-0238

C/O MICHELLE P. SMITH  
P O BOX 423238  
KISSIMMEE FL 34742-0238

143403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O Michelle Smith  
Suite, Apt. #, etc.  
3414 N Hwy 1792  
City & State  
Davenport FL

C/O Michelle Smith  
Suite, Apt. #, etc.  
3414 N Hwy 1792  
City & State  
Davenport FL

4. FEI Number 59-2994191

Applied For  
Not Applicable

Zip  
33837

Country  
USA

Zip  
33837

Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, MICHELLE P.  
911 N. MAIN ST.  
9B  
KISSIMMEE FL 34744

Name Michelle Smith  
Street Address (P.O. Box Number is Not Acceptable)  
3414 N Hwy 1792  
City Davenport FL Zip Code 33837

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD SMITH, MICHELLE P. 3426 NORTH HIGHWAY 17/92 DAVENPORT FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, MICHELLE P. 3426 NORTH HIGHWAY 17/92 DAVENPORT FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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] M. Smith 4/17/01 407 616 7641  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0559540

CR2E034 (10/00)