

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L61940

1. Entity Name

PHAEDRUS ADVENTURES, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90068 003 ***150.00

Principal Place of Business

Mailing Address

1515 SW 15 AVE
FT LAUDERDALE FL 33312
US

14124 GLENWOOD CT
GREEN OAKS IL 60048-1591
US

2. Principal Place of Business

3. Mailing Address

1351 SW 73 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

4. FEI Number 65-0195792

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

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

DANNER, ANN M

1515 SW 15 AVE
FT LAUDERDALE FL 33312

Name

ANN M. DANNER

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

1351 SW 73 AVE

City

PLANTATION

FL

Zip Code

33317-4901

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	DANNER, ANN M.	
STREET ADDRESS	1515 SW 15 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, M. SHELTON	
STREET ADDRESS	14124 GLENWOOD CT	
CITY-ST-ZIP	GREEN OAKS IL 60048	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1351 SW 73 AVE	
STREET ADDRESS	PLANTATION FL	
CITY-ST-ZIP	33317-4901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

Daytime Phone #

CR2E034 (9/99)