## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # **N94000002306** PHOENIX ENTERPRISE GROUP, INC. 05-08-2000 90062 028 \*\*\*\*70.00 Principal Place of Business Mailing Address P.O. BOX 14468 2120 9TH STREET SOUTH ST. PETERSBURG FL 33733-4468 ST PETERSBURG FL 33705 951894 2. Principal Place of Business 3. Mailing Address HOOVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 59-3237664 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required, 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BROWN, ROBERT L 6261 19TH STREET SOUTH ST PETERSBURG FL 33712 City Zip Code 8. The above narped entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fiorida. SIGNATURE ed agent and title if applicable 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE TTEE ☐ Delete TITLE PAYNE, CHARLES NAME NAME reet 50 ut 4 STREET ADDRESS STREET ADDRESS 420 1/2 15TH AVENUE SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33711 ☐ Addition TITLE **TTEE** Delete TITLE NAME NAME ADAMS, LINDA STREET ADDRESS STREET ADDRESS 2820 LUCE DRIVE NORTH CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34621** Change ☐ Addition TITLE TTEE ☐ Delete TITLE NAME PREUS, ANN NAME STREET ADDRESS 758 61ST AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33705 ☐ Change TITLE TTEE ☐ Delete TITLE NAME NAME WASHINGTON, ADELINE STREET ADDRESS STREET ADORESS 3344-C 37TH WAY SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33711 ☐ Addition TITLE ☐ Delete TITLE Change NAME STEPHENS, SOLOMON STREET ADDRESS STREET ADDRESS 2601 59TH AVENUE SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33712 TTEE ☐ Delete ☐ Change ☐ Addition TITLE TITLE **BENTO, ANNETTE** NAME NAME STREET ADDRESS STREET ADDRESS 2511 66TH TERRACE SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERESBURG FL 33712 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen with all other like empowered.