

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 am

Secretary of State

02-07-2000 90052 032 ****61.25

DOCUMENT # N95000001034

1. Entity Name

PHOENIX RISING INTERNATIONAL, INC.

Principal Place of Business

926 TRUMAN AVE.
KEY WEST FL 33040

Mailing Address

926 TRUMAN AVE.
KEY WEST FL 33040-6431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied F.
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLEY, ALBERT L
402 APPELROUTH LANE
KEY WEST FL 33040**

Name

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

926 Truman Ave.

City

Key West

FL

Zip Code
33040

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]

Albert L. Kelley

1-28-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KELLEY, ALBERT L**
CITY-ST-ZIP **426 TRUMAN AVE.
KEY WEST FL 33040**

TITLE ☒ Change ☐
NAME **D**
STREET ADDRESS **Kelley, Albert L.**
CITY-ST-ZIP **926 Truman Ave
Key West, FL 33040**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KELLEY, ANGELINA**
CITY-ST-ZIP **926 TRUMAN AVE.
KEY WEST FL 33040**

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KELLEY, MARTHA**
CITY-ST-ZIP **17424 CONNECTICUTT RD.
FT. MYERS FL 33912**

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

Albert L. Kelley

1-28-00

Date

305 296 0160

Daytime Phone #