2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 03, 2003 8:00 am
Secretary of State
02-17-2003 90208 035 ****61.25

DOCUMENT # N95000005831

1. Entity Name
PHPA-TAG, INC.

Principal Place of Business	Mailing Address
1501 GARDEN AVENUE TARPON SPRINGS FL 34689	1501 GARDEN AVENUE TARPON SPRINGS FL 34689

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3386698 — Applied For / Not Applicable

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
JOHN SALKELLARIDES 2595 TAMPA RD., STE J PALM HARBOR FL 34684	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEHR, JOHN C	NAME	
STREET ADDRESS	1501 GARDEN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	
TITLE	SD ☒ Delete	TITLE	DIRECTOR ☑ Change ☑ Addition
NAME	MALINOWSKI, HEATHER	NAME	GEBALD GOEN
STREET ADDRESS	1015 WIDEVIEW AVE	STREET ADDRESS	1104 CLIPPERS WAY
CITY-ST-ZIP	TARPON SPRINGS FL	CITY-ST-ZIP	TARPON SPRINGS FL 34684
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HAMMER, JANE	NAME	
STREET ADDRESS	120 CALYLE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	DIRECTOR ☑ Change ☑ Addition
NAME	AMMONA, DR ROSE MARY	NAME	PHYLLIS M. KEHNEMUYI
STREET ADDRESS	1440 RIVERSIDE DRIVE	STREET ADDRESS	20 EXPLORERS COVE
CITY-ST-ZIP	TARPON SPRINGS FL	CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	VP ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	AMMONS DR. ROSE MARY	NAME	
STREET ADDRESS	1440 RIVERSIDE DR.	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/02)

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 attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/8/03 727-848-7127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #