

2001 UNIFORM BUSINESS REPORT (UBR)

S/14

FILED
Jun 06, 2001 8:00 am
Secretary of State

05-14-2001 90242 021 ***150.00

DOCUMENT # P0000006672

1. Entity Name
THE PHOENIX MORTGAGE GROUP, INC.

Principal Place of Business Mailing Address
 1794 ROGERO ROAD 1794 ROGERO ROAD
 JACKSONVILLE FL 32211 JACKSONVILLE FL 32211

121 S. MYRTLE AVE

2. Principal Place of Business 3. Mailing Address
~~2615 GREEN ST~~ ~~2615 GREEN ST~~
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JAX FL JAX FL
 Zip Country Zip Country
32204 DUVAL 32204

4. FEL Number Applied For
59-3623894 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
COATES, IONA K
 1794 ROGERO ROAD
 JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent
 Name **ALVIN R WILLIAMS**
 Street Address (P.O. Box Number is Not Acceptable)
7550 N. PERELE ST
 City **JAX FL** Zip Code **32208**

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]*
Signature typed in printed name of registrant agent and, if applicable, (NOTE Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D WILLIAMS, ALVIN R 1794 ROGERO ROAD JACKSONVILLE FL 32211	<i>ADDRESS change ONLY</i>
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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ALVIN R WILLIAMS, CEO 121 MYRTLE AVE, South JAX, FL 32204	
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
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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(3)(i), F.S., 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 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]* **6/01/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CR2E034 (10/00)