

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010446

1. Entity Name
PHOENIX FUNDING GROUP SOUTHWEST INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91713 001 ***300.00

Principal Place of Business

8695 COLLEGE PARKWAY
SUITE 120
FORT MEYERS FL 33919-4889

Mailing Address

8695 COLLEGE PARKWAY
SUITE 120
FORT MEYERS FL 33919-4889

73062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8695 COLLEGE PKWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

STE 120

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

4. FEI Number

65-0973537

Applied For

Not Applicable

Zip

33919

Country

LEE

Zip

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

KNABE, STEVEN
8695 COLLEGE PARKWAY
SUITE 120
FORT MEYERS FL 33919-4889

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME KNABE, STEVEN
STREET ADDRESS 8695 COLLEGE PARKWAY, SUITE 120
CITY-ST-ZIP FORT MEYERS FL 33919-4889 ☐ Delete

TITLE P.T.S.
NAME ~~KNABE~~ KNABE, STEVEN ☒ Change ☐ Addition
STREET ADDRESS 8695 COLLEGE PKWY STE 120
CITY-ST-ZIP FT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME SPECKMAN, TRENT ☐ Change ☒ Addition
STREET ADDRESS 6764 MORGAN LAKE LN
CITY-ST-ZIP FT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/01

941-437-2011

Date

Daytime Phone #

CR2E034 (10/00)