

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0517566 AV

DOCUMENT # P00000010446

1. Entity Name
PHOENIX FUNDING GROUP SOUTHWEST INC.



04-30-2003 90331 042 ***150.00

Principal Place of Business
12650 NEW BRITTANY BLVD
STE 101
FORT MYERS FL 33907

Mailing Address
12650 NEW BRITTANY BLVD
STE 101
FORT MYERS FL 33907

11030457



2. Principal Place of Business

8695 COLLEGE PARKWAY
STE 302
FT MYERS FL

3. Mailing Address

8695 COLLEGE PARKWAY
STE 302
FT MYERS FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0973537

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNABE, STEVEN
12650 NEW BRITTANY BLVD
STE 101
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

KNABE, STEVEN
15231 TROPIC BIRD CT
FT MYERS FL 33908

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]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
PTS KNABE, STEVEN
STREET ADDRESS 8695 COLLEGE PARKWAY, SUITE 302
CITY-ST-ZIP FORT MYERS FL 33919

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS → STE 302
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition
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 607, 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 239-437-2011
Date Daytime Phone #

CR2E034 (10/02)