

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91504 041 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000027907

1. Entity Name
 PHOENIX AUCTIONS, INC.

Principal Place of Business **Mailing Address**
~~292 N. WICKHAM RD.~~ ~~292 N. WICKHAM RD.~~
 MELBOURNE FL 32935 MELBOURNE FL 32935

2. Principal Place of Business **3. Mailing Address**
 284 N. Wickham Rd 284 N Wickham Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Melbourne FL Melbourne FL
Zip **Country** **Zip** **Country**
 32935 USA 32935 USA

4. FEI Number 59-3633505 **Applied For**
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 PRICE, LYNN R P.A.
 1901 HWY A1A,STE.2
 INDIAN HARBOUR BEACH FL 32937

7. Name and Address of New Registered Agent
 Name: Juliane Kasse
 Street Address (P.O. Box Number is Not Acceptable): 508 OAK MONT PLACE
 Melbourne FL
 City: Melbourne FL Zip Code: 32940

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: Juliane Kasse Juliane Kasse 4.13.02
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. ☒ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00**
Make Check Payable to Department of State **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LUPTON, THOMAS B	
STREET ADDRESS	1026 WORTHINGTON SPRINGS DR.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUPTON, BARBARA M	
STREET ADDRESS	1026 WORTHINGTON SPRINGS DR.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAROG, EDWARD A JR.	
STREET ADDRESS	508 OAK MONT PLACE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KASSE, JULIANE	
STREET ADDRESS	508 OAK MONT PLACE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BACK, DENNIS C	
STREET ADDRESS	571 INVERNESS AVE.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BACK, SHIRLEY E	
STREET ADDRESS	571 INVERNESS AVE.	
CITY-ST-ZIP	MELBOURNE FL 32940	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Thomas B. Lupton 4/13/02 (321) 752-9442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)