

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000031296**

1. Entity Name

PHOENIX MOLDING CONNECTION AND DESIGN, INC.**FILED**
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90025 048 ***150.00

Principal Place of Business

**4021 S.W. 15TH PL
CAPE CORAL FL 33914**

Mailing Address

**4021 S.W. 15TH PL
CAPE CORAL FL 33914**

2. Principal Place of Business

1328 LAFAYETTE ST.

Suite, Apt. #, etc.

3. Mailing Address

1328 LAFAYETTE ST.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number

65-0995680

Applied For

Not Applicable

Zip

33904

Country

LEE

Zip

33904

Country

LEE5. 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

**WEBSTER, MICHAEL P
4021 S.W. 15TH PL
CAPE CORAL FL 33914**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
			<input type="checkbox"/> Delete	PRESIDENT	MICHAEL P. WEBSTER	4021 S.W. 15TH PL	CAPE CORAL, FL 33914
			<input type="checkbox"/> Delete	VICE PRESIDENT	KAREN MARLOWE-MEDLOCK	1303 S.W. 40TH TER	CAPE CORAL, FL 33914
			<input type="checkbox"/> Delete				
			<input type="checkbox"/> Delete				
			<input type="checkbox"/> Delete				
			<input type="checkbox"/> Delete				
			<input type="checkbox"/> Delete				

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

MICHAEL WEBSTER**4-05-01**

Date

941-641-3372

Daytime Phone #

CR2E034 (10/00)