

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-02-2001 90065 034 ***150.00

DOCUMENT # P00000077905

1. Entity Name

PHIAME, INC.

Principal Place of Business

4155 NW 13TH ST.
GAINESVILLE FL 32609

Mailing Address

4155 NW 13TH ST.
GAINESVILLE FL 3260916305 NW 163RD LANE
ACACHUA, FL 3261516305 NW 163RD LANE
ACACHUA, FL 32615

2. Principal Place of Business

16305 NW 163RD LANE

Suite, Apt. #, etc.

3. Mailing Address

16305 NW 163RD LANE

Suite, Apt. #, etc.

City & State

ACACHUA FL

City & State

ACACHUA FL

4. FEI Number

59-3671622

Applied For

Not Applicable

Zip

FL 32615

Country

USA

Zip

32615

Country

USA

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

6. Name and Address of Current Registered Agent

POE, MICHAEL A
4155 NW 13TH ST.
GAINESVILLE FL 32609

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ERLINDA DIAMANTOGA	
STREET ADDRESS	4397 US HWY 90 WEST	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	MICHAEL POE	
STREET ADDRESS	4397 US HWY 90 WEST	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	ERNIE DIXON	
STREET ADDRESS	16305 NW 163RD LANE	
CITY-ST-ZIP	ACACHUA, FL 32615	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	NEIL DIXON	
STREET ADDRESS	16305 NW 163RD LANE	
CITY-ST-ZIP	ACACHUA, FL 32615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNIE DIXON

Date

3/13/01

Daytime Phone #

904-462-4240

CR2E034 (10/00)