

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 31 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116787

1. Entity Name

PHOENIX DOCUMENT SERVICE, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9704 KATY DR., #2C1

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**REINSTATEMENT**

03

City & State

HUDSON, FLORIDA

City & State

4. FEI Number

59-3693084

Applied For

Not Applicable

Zip

34667

Country

PA6CO

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BIA-DEVRIES

Street Address (P.O. Box Number is Not Acceptable)

6195 DELTA BOULEVARD

City

SPRING HILL

FL

Zip Code

34606

**DO NOT WRITE  
IN THIS SPACE**

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.

300024343783  
10/31/03--01108--017 \*\*150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	PETER JOHN DEVRIES	6195 DELSONA BLVD	SPRING HILL, FL 34606
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

10/20/03

Date

Daytime Phone #

CR2E034B (12/02)

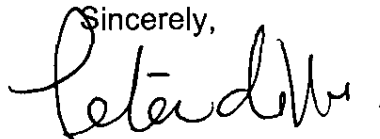
Phoenix Document Service, Inc.  
9704 Katy Drive, Suite #2C1  
Hudson, FL 34667

October 20, 2003

Department of State  
Division of Corporations

To Whom It May Concern:

We are requesting relief from the reinstatement fee. Our accountants informed us that the report is annual. We never received the annual report or notice in the mail. We have enclosed a check for \$150.00 for the year we did not file (2003). Thank you for your support with this matter.

Sincerely,  


Peter John DeVries  
President