

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91751 032 \*\*\*150.00

DOCUMENT # PO1 00003550 3  
 1. Entity Name Phoenix International Series ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5000 Culbreath Key Way  
 Suite, Apt. #, etc. #4302  
 City & State Tampa Florida  
 Zip 33611 Country USA

3. Mailing Address (same)  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number 59-3708558 Applied For  Not Applicable   
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent  
 Name Damien Alexander Gard  
 Street Address (P.O. Box Number is Not Acceptable) 5000 Culbreath Key Way  
#4302  
 City Tampa FL Zip Code 33611

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (file if applicable).

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  
 January 1 - May 1, Fee is \$150.00  
 After May 1, Fee is \$350.00  
 Amended UBR is \$81.25  
 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

TITLE	<u>PT/PS</u>
NAME	<u>Damien A. Gard</u>
STREET ADDRESS	<u>(same as above)</u>
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

SIGNATURE: \_\_\_\_\_ Date June 2, 2002 (813) 361-4947  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)