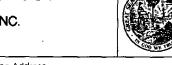
FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90309 018 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P01000052888 DOCUMENT #

1. Entity Name



PHOENIX COMPUTING & CONSULTING, INC. Principal Place of Business Mailing Address 120 E PINE ST. STE 2 P.O. BOX 951 LAKELAND FL 33802-0951 LAKELAND FL 33802-0951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3720293 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Γ'n Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name D'ORSANEO, JOSEPH N Street Address (P.O. Box Number is Not Acceptable) 120 E PINE ST, STE 2 LAKELAND FL 33802-0951 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change Change ☐ Addition D'ORSANEO, JOSEPH N NAME NAME 120 E PINE ST, STE 2 STREET ADDRESS STREET ADDRESS 1234 E. LIME ST STEA LAKELAND FL 33802-0951 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33802-0917 ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if

SIGNATURE:

Date

Daytime Phone #