

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90975 034 ***150.00

0102971 AV

DOCUMENT # P01000066598

1. Entity Name
PHM ENTERPRISES, INC.

Principal Place of Business
**2538 SOUTH CONWAY ROAD
NUMBER 310
ORLANDO FL 32812**

Mailing Address
**2538 SOUTH CONWAY ROAD
NUMBER 310
ORLANDO FL 32812**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3814 Murrell Rd

3814 Murrell Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#8

#8

City & State

City & State

Rockledge FL 32955

Rockledge FL

Zip

Zip

Country

Country

32955

Florida

32955

Florida

4. FEI Number

59-3745434

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MISHLER, LINDA
2538 SOUTH CONWAY ROAD
NUMBER 310
ORLANDO FL 32812**

7. Name and Address of New Registered Agent

Name **Chris Harris**

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

2609 CORBUSIER DR

City

Melbourne

FL

Zip Code

32935

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

Christopher Harris PD

(NOTE: Registered Agent signature required when reinstating)

DATE

Mar 25, 02

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARRIS, CHRISTOPHER	
STREET ADDRESS	2609 CORBUSIER DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	PANNING, CYNTHIA	
STREET ADDRESS	407 ARUBA COURT	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MISHLER, LINDA	
STREET ADDRESS	2538 SOUTH CONWAY ROAD NO. 310	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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
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

Date

Daytime Phone #

Mar 25, 02 321-6388712

CR2E034 (9/01)