

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068246

1. Entity Name
PHONE MART, INC.

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90170 019 ***550.00

Principal Place of Business Mailing Address
301 NO. ATLANTIC BLVD UNIT 403 301 NO. ATLANTIC BLVD UNIT 403
COCOA BEACH FL 32931 COCOA BEACH FL 32931



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
209 N. Atlantic Ave 209 N. Atlantic Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite # 7 Suite # 7
City & State City & State
Cocoa Beach, FL Cocoa Beach, FL
Zip Country Zip Country
32931 32931

4. FEI Number 59-3737491 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
STARR, KYOUNG W Name
301 NO. ATLANTIC BLVD UNIT 403 STARR, KYOUNG W
COCOA BEACH FL 32931 Street Address (P.O. Box Number is Not Acceptable)
209 N. Atlantic Ave Suite # 7
City Cocoa Beach, FL Zip Code
32931

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 Kyoung W Starr DATE 7/23/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D. P. S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARR, KYOUNG W		NAME	STARR, KYOUNG W	
STREET ADDRESS	301 NO. ATLANTIC BLVD UNIT 403		STREET ADDRESS	209 N. Atlantic Ave Suite # 7	
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Kyoung W Starr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/02 (321)
960 8849

CR2034 (4/02)