

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000073996

FILED
Feb 18, 2003
Secretary of State

Entity Name: PHOENIX NATIONAL SERVICES, INC.

Current Principal Place of Business:

7836 N LAURA ST
JACKSONVILLE, FL

New Principal Place of Business:

Current Mailing Address:

7836 N LAURA ST
JACKSONVILLE, FL 32208 US

New Mailing Address:

FEI Number: 59-3736676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, WILLIAM M III
7836 N LAURA ST
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: MORRIS, MILLIAM M III
Address: 7836 N LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: MRS. () Delete
Name: MARCIA, MORRIS H
Address: 7836 N LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32208 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: MORRIS, WILLIAM M III
Address: 7836 N LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M MORRIS III

MR

02/18/2003

Electronic Signature of Signing Officer or Director

_____ Date