

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000074706****1. Entity Name**  
**PHOENIX CONSOLIDATED GROUP, INC.**

FILED

02 OCT 21 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**Principal Place of Business**  
1400 VILLAGE SQUARE BLVD. 3. #250  
TALLAHASSEE FL 32312**Mailing Address**  
1400 VILLAGE SQUARE BLVD. 3. #250  
TALLAHASSEE FL 32312**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

**4. FEI Number**

Applied For

Not Applicable

**5. Certificate of Status Desired**☒ **\$8.75 Additional Fee Required**

Zip

Country

Zip

Country

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****COHEN, MARC B**  
1400 VILLAGE SQUARE BLVD. 3. #250  
TALLAHASSEE FL 32312

Name

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

City

FL

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

**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 \$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**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
COHEN MARC B.  
1400 VILLAGE SQUARE BLVD. 3 #250  
TALLAHASSEE FL 32312☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
PRESIDENT  
COHEN MARC B.  
1400 VILLAGE SQUARE BLVD. 3 #250  
TALLAHASSEE FLORIDA 32312☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change ☐ Addition**TITLE**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change ☐ Addition**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 #

CR2E034 (4/02)