2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 01, 2002 8:00 am P01000076717 DOCUMENT # Secretary of State 1. Entity Name 02-01-2002 90018 026 ***150.00 PHASE ONE CONCEPTS, INC. Principal Place of Business Mailing Address 465 ARTHUR GODFREY ROAD 465 ARTHUR GODFREY ROAD PENTHOUSE SUITE PENTHOUSE SUITE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CLARKSON, JUNE M ESQ. Street Address (P.O. Box Number is Not Acceptable) 2640 HOLLYWOOD BLVD. SUITE 201 HOLLYWOOD FL 33020 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 ☐ Addition TITLE Delete TITLE ☐ Change PELFREY, DENNIS C NAME NAME STREET ADDRESS STREET ADDRESS 2824 N.E. 14TH AVENUE FT. LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE D NAME OWENS, RICK NAME 465 ARTHUR GODREY ROAD PENTHOUSE SUITE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Channe ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED