2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90142 016 ***150.00

DOCUMENT # P01000096920

1. Entity Name
PHOENIX GROUP AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
201 POND RD MT DORA FL 32757	201 POND RD MT DORA FL 32757

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
211 12 League Circle Suite, Apt. #, etc.	211 12 Leage Circle Suite, Apt. #, etc.
City & State: Casselberry FL	City & State: Casselberry FL
Zip: 32707 Country: USA	Zip: 32707 Country: USA

4. FEI Number 59-3758068 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDMAN, ADAM S
2609 ALENA PLACE
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name: Jake Bebber
Street Address (P.O. Box Number is Not Acceptable): 211 Twelve League Circle
City: Casselberry FL Zip Code: 32707

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: Jake Bebber
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 $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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BEBBER, JAKE 201 POND RD MT DORA FL 32757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jake Bebber 211 12 League Circle Casselberry FL 32707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
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TITLE / NAME / 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: Jake Bebber 1-8-02 407 513 7276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)