

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90121 039 ***150.00

DOCUMENT # P02000017364

1. Entity Name
PHAD.NET, INC.



Principal Place of Business
**10531 NW 11TH COURT
PLANTATION FL 33322**

Mailing Address
**10531 NW 11TH COURT
PLANTATION FL 33322**



2. Principal Place of Business

10242 NW 47 Street

Suite, Apt. #, etc.
Suite 12

City & State
Sunrise, FL

Zip
33351

Country
USA

3. Mailing Address

10242 NW 47 Street

Suite, Apt. #, etc.
Suite 12

City & State
Sunrise, FL

Zip
33351

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0555219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STONECYPHER, RICHARD P
10531 NW 11TH COURT
PLANTATION FL 33322**

7. Name and Address of New Registered Agent

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]
Signature, typed or printed name of registered agent and title if applicable.

Rick Stonecypher
(NOTE: Registered Agent signature required when reinstating)

03/24/03
Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
STONECYPHER, RICHARD P
10531 NW 11TH COURT
PLANTATION FL 33322** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GARCIMONDE, MANUEL
10531 NW 11TH COURT
PLANTATION FL 33322** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TVD
GARCIMONDE, LAUREN B
10531 NW 11TH COURT
PLANTATION FL 33322** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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NAME
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/03
Date

Daytime Phone #

CR2E034 (10/02)