

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90135 039 ***150.00

DOCUMENT # P02000038138

1. Entity Name

PHYL'S A/B/C/S INC.



Principal Place of Business

2800 N. FLAGLER DRIVE

APT. #704

WEST PALM BEACH FL 33401

Mailing Address

2800 N. FLAGLER DRIVE

APT. #704

WEST PALM BEACH FL 33401

70012361



2. Principal Place of Business

4209 S DIXIE HWY

3. Mailing Address

4209 S DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

4. FEI Number

04-3619362

Applied For

Not Applicable

Zip

Country

33405

USA

Zip

Country

33405

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.

941 FOURTH STREET #200

MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **SVEN E MAGNUSON**

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

4209 S DIXIE HWY

City

WEST PALM BEACH

FL

Zip Code

33405

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

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 ☐ Delete
NAME **D**
STREET ADDRESS **MAGNUSON, SVEN E**
CITY-ST-ZIP **2800 N. FLAGLER DRIVE**
WEST PALM BEACH FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4209 S DIXIE HWY**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

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

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NAME
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SVEN E MAGNUSON JAN 14 2003 561-514-0704

Date

Daytime Phone #

CR2E034 (10/02)