

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90153 048 ***150.00

DOCUMENT # P02000074307

1. Entity Name
PHIXERZ, INC.



Principal Place of Business: **6947 OLDGATE CIR
NEW PORT RICHEY FL 34655**

Mailing Address: **6947 OLDGATE CIR
NEW PORT RICHEY FL 34655**



2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

CHECK HERE IF MAKING CHANGES

4. FEI Number: **20-0099675** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

ROPPOLO, GARRY
6947 OLDGATE CIR
NEW PORT RICHEY FL 34655

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: _____ (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: DP <input type="checkbox"/> Delete	NAME: ROPPOLO, GARRY
STREET ADDRESS: 6947 OLDGATE CIR	CITY-ST-ZIP: NEW PORT RICHEY FL 34655
TITLE: V <input type="checkbox"/> Delete	NAME: ROPPOLO, TREVOR
STREET ADDRESS: 6947 OLDGATE CIR	CITY-ST-ZIP: NEW PORT RICHEY FL 34655
TITLE: V <input type="checkbox"/> Delete	NAME: ROPPOLO, MARC
STREET ADDRESS: 6947 OLDGATE CIR	CITY-ST-ZIP: NEW PORT RICHEY FL 34655
TITLE: S <input type="checkbox"/> Delete	NAME: ROPPOLO, REBECCA
STREET ADDRESS: 6947 OLDGATE CIR	CITY-ST-ZIP: NEW PORT RICHEY FL 34655
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	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 REQUIRED** *[Signature]* Date: **1/18/03** Daytime Phone #: **(817) 372-2667**

CR2E034 (10/02)