

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90393 034 \*\*\*150.00

0122138 AV

DOCUMENT # P02000081606

1. Entity Name  
PHOENIX APARTMENTS, INC.



Principal Place of Business  
111 SOUTH SCOTT STREET  
MELBOURNE FL 32901

Mailing Address  
111 SOUTH SCOTT STREET  
MELBOURNE FL 32901

2. Principal Place of Business

Melbourne 516 N. Harbor City Blvd  
Suite, Apt. #, etc.

3. Mailing Address

516 N. Harbor City Blvd  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
Melbourne Florida

City & State  
Melbourne FL

4. FEI Number  
611434703

Applied For  
Not Applicable

Zip Country  
32935 USA

Zip Country  
32935 USA

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

6. Name and Address of Current Registered Agent

SAXON, BENJAMIN III  
111 SOUTH SCOTT STREET  
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name ~~SAXON Benjamin III~~ SAME  
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 Timothy Radcliff

8 April 03

Signature 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SAXON, BENJAMIN III<br>111 SOUTH SCOTT STREET<br>MELBOURNE FL 32901 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>RADCLIFF, TIMOTHY<br>111 SOUTH SCOTT STREET<br>MELBOURNE FL 32901   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>RADCLIFF, TIMOTHY<br>111 SOUTH SCOTT STREET<br>MELBOURNE FL 32901   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>RADCLIFF, TIMOTHY<br>111 SOUTH SCOTT STREET<br>MEBOURNE FL 32901    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SAXON, BENJAMIN III<br>111 SOUTH SCOTT STREET<br>MELBOURNE FL 32901 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RADCLIFF, TIMOTHY<br>111 SOUTH SCOTT STREET<br>MELBOURNE FL 32901   | <input type="checkbox"/> Delete |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

TIMOTHY D. RADCLIFF  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 April 03 321-288-5622

Date

Daytime Phone #

CR2E034 (10/02)