

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P35827**

1. Entity Name  
**PHOENIX PHOSPHORS, INC.**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90900 031 \*\*\*150.00

0474274 AV

Principal Place of Business  
**2377 STATE RD 37 SOUTH**  
**MULBERRY FL 33860**  
**US**

Mailing Address  
**P O BOX 1439**  
**MULBERRY FL 33860**  
**US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

4. FEI Number **52-1548327** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**WEHRUNG, JOHN M**  
**5016 MUIR WAY**  
**LITHIA FL 33547**

## 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>WEHRUNG, JOHN M.</b>	
STREET ADDRESS	<b>5016 MUIR WAY</b>	
CITY-ST-ZIP	<b>LITHIA FL 33547</b>	
TITLE	<b>DVST</b>	<input type="checkbox"/> Delete
NAME	<b>NADOLSKI, THOMAS P.</b>	
STREET ADDRESS	<b>912 CENTERBROOK DR</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHAIFETZ, RICHARD I.</b>	
STREET ADDRESS	<b>3 FULHAM CT</b>	
CITY-ST-ZIP	<b>SILVER SPRING MD</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/02** **(863) 425-1430**  
Date Daytime Phone #

CR2E034 (9/01)