

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90102 046 ***158.75

DOCUMENT # P94000044516

1. Entity Name
PHASE XV, INC.

Principal Place of Business

**267 COLONADE CR
 NAPLES FL 34103
 US**

Mailing Address

**267 COLONADE CR
 NAPLES FL 34103
 US**

2. Principal Place of Business

27900 CROWN LAKE BLVD.

Suite, Apt. #, etc.

3. Mailing Address

1301 EAST ASH ST.

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL.

Zip

34135-4242

Country

USA

City & State

PIQUA, OHIO

Zip

45356

Country

MAH

4. FEI Number

65-0522050

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **John Grieselding**

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

500 ESTERO BLVD.

SUITE 596

City

FORT MYERS BEACH, FL

Zip Code

33931

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

JOHN GRIESELDTNG PRCS.

1-9-02

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
 (See criteria on back)

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

\$5.00 May Be

Trust Fund Contribution

☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D Vice Pres.	<input type="checkbox"/> Delete
NAME	BOU-SULMAN, GEORGE K	
STREET ADDRESS	237 COLONADE CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOU-SULMAN, BARBARA	
STREET ADDRESS	237 COLONADE CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	Pres.	<input type="checkbox"/> Delete
NAME	Grieselding, John	
STREET ADDRESS	500 ESTERO BLVD. SUITE 596	
CITY-ST-ZIP	FORT MYERS BEACH, FL. 33931	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Cooper, Charles	
STREET ADDRESS	2449 W. MARKET ST.	
CITY-ST-ZIP	TIFFIN, OH. 44883	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Shoemaker Thomas	
STREET ADDRESS	HOLIDAY INN SIDNEY	
CITY-ST-ZIP	400 FOLKERTH AVE.	
TITLE	SIDNEY, OH. 45365	<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		
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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 REQUIRED

JOHN GRIESELDTNG 1-9/02 941-463-7323

Date

Daytime Phone #

CR2E034 (9/01)