

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044516

1. Entity Name
PHASE XV, INC.



FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90436 042 ***150.00

Principal Place of Business
27900 CROWN LAKE BLVD
BONITA SPRINGS FL 34135-4242
US

Mailing Address
1301 EAST ASH ST
PIQUA OH 45356
US

70006508



2. Principal Place of Business

3. Mailing Address

331 FOLKERTH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SIDNEY, OHIO 45365

4. FEI Number 65-0522050

Applied For
Not Applicable

Zip

Country

Zip

Country

45365

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIESELING, JOHN
500 ESTERO BLVD
SUITE 596
FORT MYERS BEACH FL 33931

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BOU-SLIMAN, GEORGE K
STREET ADDRESS 237 COLONADE CIRCLE
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE D
NAME BOU-SLIMAN, GEORGE K.
STREET ADDRESS 5079 POST OAK LANE
CITY-ST-ZIP NAPLES, FL 34105 ☒ Change ☐ Addition

TITLE P
NAME GRIESELING, JOHN
STREET ADDRESS 500 ESTENO BLVD SUITE 596
CITY-ST-ZIP FORT MYERS BEACH FL 33931 ☐ Delete

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

TITLE S
NAME COOPER, CHARLES
STREET ADDRESS 2449 W MARKET ST
CITY-ST-ZIP TIFFIN OH 44883 ☐ Delete

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

TITLE T
NAME SHOEMAKER, THOMAS
STREET ADDRESS HOLIDAY INN SHONEY 400 FOLKERTH AVE
CITY-ST-ZIP SIDNEY OH 45365 ☐ Delete

TITLE T
NAME SHOEMAKER, THOMAS
STREET ADDRESS HOLIDAY INN, 400 FOLKERTH AVE.
CITY-ST-ZIP SIDNEY, OHIO 45365 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

THOMAS E. SHOEMAKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS E. SHOEMAKER, TREASURER

1-8-03

937 498 9445

Date

Daytime Phone #

CR2E034 (10/02)