

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000049835

1. Entity Name

PHANTOM INVESTIGATIONS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90415 023 ***150.00

Principal Place of Business

262 E CONSTANCE RD
 DEBARY FL 32713-3534
 US

Mailing Address

262 E CONSTANCE RD
 DEBARY FL 32713-3534
 US

2. Principal Place of Business

262 E Constance Rd.

3. Mailing Address

262 E Constance Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeBary FL

City & State

DeBary FL

4. FEI Number

65-0502954

Applied For

Not Applicable

Zip

Country

32713

USA

Zip

Country

32713

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

WILSON, G. H
 262 E CONSTANCE RD
 DEBARY FL 32713-3534

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

Gail H. Wilson, President Phantom Investigations 21 Apr 2000
 (NOTE: Registered Agent signature required when reinstalling)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **WILSON, GAIL H**
 STREET ADDRESS **262 E CONSTANCE RD**
 CITY-ST-ZIP **DEBARY FL 32713-3534**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Gail H. Wilson REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Apr 2000 407/668-4457

Date Daytime Phone #

CR2E034 (9/99)