

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077116

1. Entity Name

PHOENIX TESTING SERVICES, INC.

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90173 032 \*\*\*150.00

Principal Place of Business  
521 LAKE AVE  
SUITE 10  
LAKE WORTH FL 33460  
US

Mailing Address  
521 LAKE AVE  
SUITE 10  
LAKE WORTH FL 33460  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0531101

Applied For

Not Applicable

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

MEAD, MICHAEL A.  
4500 S OCEAN BLVD, #302  
PALM BEACH FL 33480

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTSD  
MEAD, MICHAEL A.  
4500 S OCEAN BLVD 3302  
PALM BEACH FL 33480 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
GRAYFORD, JANE  
4500 S. OCEAN BLVD #302  
PALM BEACH FL 33480 ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

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:

*Michael A. Mead, President*  
MICHAEL A. MEAD, PRESIDENT

4-14-01 (561) 3799330  
Date Daytime Phone #

CR2E034 (10/00)