

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033925

1. Entity Name

PHOENIX STAR INTERNATIONAL, INC.

FILED

Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90058 036 ***150.00

Principal Place of Business

Mailing Address

6564 44TH ST NO.
BLDG 805
PINELLAS PARK FL 33781
US

6564 44TH ST NO.
BLDG 805
PINELLAS PARK FL 33781-5924
US

2. Principal Place of Business

6564 44th ST N

3. Mailing Address

6564 44th ST N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building 805

Building 805

City & State

City & State

Pinellas Park FL

Pinellas Park, FL

Zip

Country

Zip

Country

33781

USA

33781

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0579131

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

HICKLE, TERRY E
6564 44TH ST N.
BLDG 805
PINELLAS PARK FL 33781

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, 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 PD
NAME TAYLOR, JAMES J
STREET ADDRESS 339 36TH AVENUE NE
CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ Delete

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

TITLE STD
NAME HICKLE, TERRY E
STREET ADDRESS 3121 CLAUDE LANE
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 24, 00

Date

727-521-1557

Daytime Phone #

CR2E034 (9/99)