

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052377

1. Entity Name
PHOENIX POSSIBILITIES CORPORATION

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90120 039 ***150.00

Principal Place of Business 11202 VERANDA CT. BRADENTON FL 34209	Mailing Address 11202 VERANDA CT. BRADENTON FL 34209-7101
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3387315** 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

MODRAK, M DENNIS
40 S PINEAPPLE AVE
200
SARASOTA FL 34236

Name **M. Joan Kroll**
Street Address (P.O. Box Number is Not Acceptable)
200 N. Florida Av
City **Wauchula** FL Zip Code **33873**

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 *M. Joan Kroll* *March 15, 2000*
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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARLTON, LANA L 11202 VERANDA CT. BRADENTON FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lana L. Carlton* *Lana L. Carlton* *2-29-2000* *941 798 9239*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)