

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 8:00 am**
Secretary of State

04-16-2001 90027 001 ***150.00

DOCUMENT # P95000057689

1. Entity Name

PHAZE II CONSULTING, INC.

Principal Place of Business

Mailing Address

**16136 KELLY WOODS DR
FORT MYERS FL 33908
US****P.O. BOX 08129
FORT MYERS FL 33908****946157**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

16136 Kelly Woods Drive**P.O. Box 08129**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers FL

Zip

33908**USA**

City & State

Fort Myers, FL

Zip

33908**USA**

4. FEI Number

65-0603786

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

**BUTLER, GAREY F
HUMPHREY & KNOTT, P.A.
1625 HENDRY STREET, SUITE 301
FORT MYERS FL 33901**

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	D	<input type="checkbox"/> Delete
NAME	NEWMAN, JUDITH H	
STREET ADDRESS	16136 KELLY WOODS DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33908	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	TIMKO, GREGORY M	
STREET ADDRESS	16136 KELLY WOODS DRIVE	
CITY-ST-ZIP	FORT-MYERS-FL-33908	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Judith H. Newman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/01

Daytime Phone #

941-481-6001

CR2E034 (10/00)