

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90011 011 \*\*\*150.00

DOCUMENT # P95000079386

1. Entity Name

PHOENIX FINANCIAL CONSULTANT SERVICES, INC.

Principal Place of Business

Mailing Address

429 SEABREEZE BLVD., SUITE 213  
 FT. LAUDERDALE FL 33316

429 SEABREEZE BLVD., SUITE 213  
 FT. LAUDERDALE FL 33316-1632

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

65-0532526

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

LINCOLN, PATRICIA  
 1689 HIATUS RD  
 STE 192  
 PEMBROKE PINES FL 33026

Name *Patricia Lincoln*

Street Address (P.O. Box Number is Not Acceptable)

429 SEABREEZE BLVD # 213

City FT. LAUDERDALE

FL

Zip Code 33316

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

*Patricia Lincoln* Patricia Lincoln

2/1/2000

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	<input type="checkbox"/> Delete
NAME	FOX, GARY LEE	
STREET ADDRESS	1689 HIATUS ROAD, SUITE 192	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORDERO, FRANK	
STREET ADDRESS	1689 HIATUS ROAD, SUITE 192	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LINCOLN, PATRICIA	
STREET ADDRESS	1689 HIATUS RD, STE. 192	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Patricia Lincoln* Patricia Lincoln 2/1/2000 (954) 761-1657

CR2E034 (9/99)