2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091482

1. Entity Name

THE PHENIX DESIGN GROUP INC.



FILED	
Feb 17, 2003 8:00	am
Secretary of State	e

02-17-2003 90330 003 ***150.00

Principal Plac 2745 HAAS A APOPKA FL 3			2745	ng Address HAAS AVE. PKA FL 32712	<u> </u>			(S. Bālik ārikā 1011	81: 110(1) 8:88 :	1 (8 11 5 (1 8 11 188 1)	
2. Principal F	Place of Busines	·	a Ma	iling Address								
2. Principal Place of Business 3. Mailing Addr			ming Address	iress			3	*.	D	12112 1161 1291		
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	City & State City & State) 23-27284(N			pplied For ot Applicable			
Zip		Country Zip C		Countr	у	5. Certificate of Status Desired			\$8.75 Additional Fee Required			
	6. Name a	nd Address of Curre	nt Register	ed Agent			7.≕Ne	me and Address of New Rec	sistered Ag	ent		
CORROR	ATION OFFI	SE COMPANY				Name						
1201 HAY	ation Servi (S Street					Street Address (P.O. Box	Number is Not Acceptable)	=	,		
TALLAHAS	SSEE FL 3230	11-2525										
		,				City			FL	Zip Cod	le	
8. The above	named entity s	ubmits this statement	for the purp	oose of changing its	s registered	office or register	ed agen	t, or both, in the State of Florid		niliar with,	and accept	
the obligat	tions of registere	ed agent.										
SIGNATURE .		rinted name of registered age	ent and title if and	olicable (NO:	TE: Pagistared (Agent signature required	Luban rainat	anti- a	DATE			
		,	on talks and a app	Jacabie. (140	Te. negistered A	-gent arginature required	whenteins	aling)	DATE			
After	r May 1, 2003	FEE 1S, \$150.00 Fee will be \$550.0 lorida Department	0 of State					Election Campaign Finar Trust Fund Contribution.	ocing	\$5.0 Added	00 May Be d to Fees	
10.		! OFFICERS AN		l DRS	11.		ADDI	TIONS/CHANGES TO OFFICE	ERS AND D	IRECTOR:	S IN 11	
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2.1 referbly 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 10 or Block 11 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 DIRECTO

r. Feb 14

#07-884-6+2 Daytime Phone #