2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600001729

LARGO FL 33773

PHOENIX ART GROUP, INC.

Principal Place of Business 12445 62ND STREET N #303 Mailing Address

12445 62ND STREET N #303 LARGO FL 33773-3717

Suit City Zip

FILED May 26, 2000 8:00 am Secretary of State

05-26-2000 90082 037 ***150.00



| 2. Principal Place of Business | | 3. Mailing Address | | |] | , 100 kiloti 125 totika 81/1/1 abini 82/1/1 | | | | | |
|---|---|--|----------------|--|--|--|---------------------------------|---------------------------|--------------|-----------------------------|--|
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & Stat | te | City & State | | | 4. F | El Number | | —— } | | oplied For ot Applicable | |
| Zip | Country | Country Zip Co | | iry | | | | \$8.75 Add Fee Require | ditional | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | | | |
| | | | | Name | | | | | | | |
| 1244 | Born, Robert 45 62ND Street N #303 Go FL 34643 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | City FL Zip Code | | | | | | e | |
| 8. The above | named entity submits this statement fo | r the purpose of changing it | ts registere | d office or re | egistered age | ent, or both, in | the State of Flo | rida. | | | |
| | | | • | | | | | | | | |
| CICMATLIDE | | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NC | OTE. Registere | d Agent signature | required when re | instating) | | DATE | | | |
| Tax filing i | oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back) | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S | | | 0.00 | l | Campaign Fin nd Contribution | _ | | May Be to Fees | |
| 11. | OFFICERS AND | DIRECTORS | 12. | | AD | DITIONS/CHA | NGES TO OFFI | CERS AN | ID DIRECTOR: | S IN 11 | |
| TITLE | PSTD | Delete | TITLE | | CEO / D | | | | Change | Addition | |
| NAME | AUSBORN, ROBERT | □ Delete | NAMI | 1 . | ~ | , <i>(Sazz</i> | - 4 | | onango | <u></u> / 1001(101) | |
| STREET ADDRESS | 12445 62ND STREET N #303 | | | ET ADORESS 📙 | 2963 Gu | re to pu, | (Brod " | .54 | | | |
| CITY-ST-ZIP | 12443 02ND STREET N #303 | | | (REBACK, 1802) ADDRESS 2963 GULF TO BAY BLUD \$250 SI-ZIP CLEARWATER, FL 33759 | | | | | | | |
| | LARGO FL 33773 | | | | CE WILL | 31611, 10 | <u> </u> | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CLEON O | Delete | | ſ | | | | | ☐ Change | Addition | |
| TITLE | CCCMICORSULE FC (). | ☐ Delete | TITLE | - | | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | | Doigle | NAM | 1 | | | | | | | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | | | | |
| TITLE | | ☐ Delete | TITLE | | · | , | | | ☐ Change | Addition | |
| NAME | į | | NAM | <u>:</u> | | | | | | | |
| STREET ADDRESS | | | STRE | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | | | | |
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| NAME | | D Delete | NAMI | 1 | | | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | 1 | | | -ST-ZIP | | | | | | | |
| - | | Delete | TITLE | ——— - i- | | | | | Change | Addition | |
| TITLE NAME | | □ nalete | NAMI | | | | | | | Addition | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | • | 1 | -ST-ZIP | | | | | | | |

13. I hereby certify that the information supplied with this time 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 report of true the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an any II other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CR2E034 (9/99)