

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010340

1. Entity Name

PHOENIX FRAME, INC.

Principal Place of Business

5416 MARINA DRIVE  
HOLMES BEACH FL 34217  
US

Mailing Address

5416 MARINA DRIVE  
HOLMES BEACH FL 34217  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JACKSON, BRENDA  
5416 MARINE DRIVE  
HOLINES BEACH FL 34217

7. Name and Address of New Registered Agent

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

TITLE P ☐ Delete  
NAME JACKSON, BRENDA S  
STREET ADDRESS 5416 MARINA DRIVE  
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE TS ☐ Delete  
NAME SHERWOOD, JAMIE L  
STREET ADDRESS 58TH SIGNAL BN UNIT 35154 BOX 78  
CITY-ST-ZIP APO AP 96376-0078

TITLE V ☐ Delete  
NAME SHERWOOD, SHANE  
STREET ADDRESS 58TH SIGNAL BN UNIT 35154 BOX 78  
CITY-ST-ZIP APO AP 96376-0078

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-01

Date

941-778-5480

Daytime Phone #

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90378 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0343787

CR2E034 (10/00)