

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90666 036 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000028608

1. Entity Name

PHANTOM OF ST. AUGUSTINE, INC.

DO NOT WRITE IN THIS SPACE

B0064415

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1715 C R 210 WEST Suite, Apt. #, etc.		3. Mailing Address 555 MARTIN LUTHER KING JR. BLVD. Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State YOUNGSTOWN, OH	
Zip 32259	Country	Zip 44502	Country
4. FEI Number 59-3379230		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
FARAGE, NANCY G.
Street Address (P.O. Box Number is Not Acceptable)
707 N. FRANKLIN ST. 4TH FLOOR
City
TAMPA, FL. **FL** Zip Code
33602

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	D	TITLE	
NAME	ZOLDAN, BRUCE J	NAME	
STREET ADDRESS	4490 DEVONSHIRE DR.	STREET ADDRESS	
CITY - ST - ZIP	YOUNGSTOWN, OH 44512	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	ZOLDAN, ALAN L	NAME	
STREET ADDRESS	6741 LOCKWOOD BLVD.	STREET ADDRESS	
CITY - ST - ZIP	YOUNGSTOWN, OH 44512	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	BOSTOCKY, JERRY	NAME	
STREET ADDRESS	305 RUSSO DR.	STREET ADDRESS	
CITY - ST - ZIP	CANFIELD, OH 44406	CITY - ST - ZIP	
TITLE	T	TITLE	
NAME	FRANK, PETER S.	NAME	
STREET ADDRESS	8518 SUMMERLAND TRAIL	STREET ADDRESS	
CITY - ST - ZIP	POLAND, OH 44514	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter Frank* PETER FRANK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)