

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90149 045 \*\*\*150.00

<b>DOCUMENT # P97000002143</b> 1. Entity Name <b>N &amp; S PHOENIX ENTERPRISES, INC.</b>			
Principal Place of Business <b>1410 SUNSET DRIVE</b> <b>CLEARWATER FL 33755</b> <b>US</b>		Mailing Address <b>1410 SUNSET DRIVE</b> <b>CLEARWATER FL 33755</b> <b>US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>4 Belleview Blvd. Suite 203</b> Suite, Apt. #, etc.	
City & State		City & State <b>Belleair, FL</b>	
Zip <b>33756</b>	Country <b>Pinellas</b>	4. FEI Number <b>59-3426833</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LOGAN, FRANK C</b> <b>121 NO OSCEOLA AVE. STE 300</b> <b>CLEARWATER FL 34615</b>		7. Name and Address of New Registered Agent Name <b>Alexander Schoenherr</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1402 Sunset Drive</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33755</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>A. SCHOENHERR</b> <b>4/12/03</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10.1 OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SCHOENHERR, NORWIN</b> <b>1410 SUNSET DRIVE</b> <b>CLEARWATER FL 33755</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SCHOENHERR, SUSAN O</b> <b>1410 SUNSET DRIVE</b> <b>CLEARWATER FL 33755</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHOENHERR, ALEX. N.</b> <b>1402 SUNSET DRIVE</b> <b>CLEARWATER FL 33755</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Alexander Schoenherr</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3-28-03</b> Daytime Phone # <b>727-443-4017</b>	

CR2E034 (10/02)