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## 2001 UNIFORM BUSINESS REPORT (UBR)

## Sep 06, 2001 8:00 am Secretary of State **DOCUMENT #** P97000030616 1. Entity Name 09-06-2001 90010 029 \*\*\*550.00 PHOENIX CONSTRUCTION OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 1786 TRACE CENTER WAY 1786 TRACE CENTER WAY B0063771 SHITE 2 SHITE 2 NAPLES FL 34109 NAPLES FL 34109 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3449030 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7: Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent LEHMAN, CHARLES C Street Address (P.O. Box Number is Not Acceptable) 5455 JAEGER ROAD SUITE B NAPLES FL 34109 Zip Code 8. The above named entity shamits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (5/01)TITLE ☐ Delete TITLE ☐ Change Addition NAME MOSHER, DALE S NAME 1786 TRADE CENTER WAY # STREET ADDRESS CR2E034 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34114 CITY - ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCIVER, KEVIN NAME 1786 TRADE CENTER WAY #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34114 CITY-ST-ZIP Delete , ☐ Addition TITLE TITLE Change NAME JOHNS, RANDY L NAME STREET ADDRESS 1786 TRADE CENTER WAY #2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34114 TITLE ☐ Delete TITLE ☐ Change Addition HOWELL, BRIAN M NAME NAME STREET ADDRESS 1786 TRADE CENTER WAY # STREET ADDRESS NAPLES FL 34114 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 the arms 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.

equired

NING OFFICER OR DIRECTOR 5 10 M

SIGNATURE