

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90332 023 ***150.00

DOCUMENT # P97000030616

1. Entity Name

PHOENIX CONSTRUCTION OF SOUTH FLORIDA, INC.

Principal Place of Business

**1786 TRADE CENTER WAY
 SUITE 2
 NAPLES FL 34109
 US**

Mailing Address

**1786 TRADE CENTER WAY
 SUITE 2
 NAPLES FL 34109
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1786 Trade Center Way
 Suite, Apt. #, etc.
 #2**

3. Mailing Address

**1786 Trade Center Way
 Suite, Apt. #, etc.
 #2**

City & State

Naples FL

City & State

Naples, FL

4. FEI Number

59-3449030

Applied For

Not Applicable

Zip

34109

Country

Zip

34109

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LEHMAN, CHARLES C
 5455 JAEGER ROAD
 SUITE B
 NAPLES FL 34109**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MOSHER, DALE S | |
| STREET ADDRESS | 1786 TRADE CENTER WAY # | |
| CITY-ST-ZIP | NAPLES FL 34114 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCIVER, KEVIN | |
| STREET ADDRESS | 1786 TRADE CENTER WAY #2 | |
| CITY-ST-ZIP | NAPLES FL 34114 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOHNS, RANDY L | |
| STREET ADDRESS | 1786 TRADE CENTER WAY #2 | |
| CITY-ST-ZIP | NAPLES FL 34114 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOWELL, BRIAN M | |
| STREET ADDRESS | 1786 TRADE CENTER WAY # | |
| CITY-ST-ZIP | NAPLES FL 34114 | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 April 2002

Date

941-576-214

Daytime Phone #

CR2E034 (9/01)