


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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90308 039 ***150.00

DOCUMENT # **P97000097532**

1. Entity Name
PHASE ONE INSTALLATION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8032 PHILLIPS HWY.
Suite, Apt. #, etc.
10

3. Mailing Address
P.O. Box 24144
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip
32256

Country
DUVAL

Zip
32241

Country
DUVAL

4. FEI Number
59-3482063

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The filer hereby certifies that this statement is submitted 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.

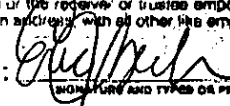
9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Make Check Payable To

10. OFFICERS AND DIRECTORS			
TITLE CHAIRMAN	NAME ERIC J. BECKER	STREET ADDRESS P.O. Box 24144	CITY-ST-ZIP JACKSONVILLE, FL 32241
TITLE MEMBER	NAME SHARIL L. BECKER	STREET ADDRESS P.O. Box 24144	CITY-ST-ZIP JACKSONVILLE, FL 32241
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(9)(1), 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other filers empowered.

SIGNATURE: 

Date: **4-25-03** Day's Phone #: **904-731-1700**

CR20348 (12/02)