

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90098 003 \*\*\*158.75

**DOCUMENT # P98000005946**

1. Entity Name

**PHOENIX INFORMATION TECHNOLOGY, INC.**

Principal Place of Business  
**9838 OLD BAYMEADOWS ROAD. #225**  
**JACKSONVILLE FL 32256**

Mailing Address  
**9838 OLD BAYMEADOWS ROAD. #225**  
**JACKSONVILLE FL 32256-8101**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8767 Reedy Branch Drive**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**

City & State

4. FEI Number **59-3525560**

Applied For  
 Not Applicable

Zip **32256** Country **USA**

Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LI, ZHONGDONG**  
**8335 FREEDOM CROSSING TRAIL, #101**  
**JACKSONVILLE FL 32256**

Name **LI, ZHONGDONG**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8767 Reedy Branch Drive**  
 City **Jacksonville** **FL** Zip Code **32256**

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]* **ZHONGDONG LI, President** **3/19/2000**  
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ZHONGDONG, L I</b> <b>8335 FREEDOM CROSSING TR 101</b> <b>JACKSONVILLE FL 32256</b>	<input checked="" 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	<b>President</b> <b>LI, ZHONGDONG</b> <b>8767 Reedy Branch Drive</b> <b>Jacksonville, FL 32256</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **ZHONGDONG LI**, **3/19/2000**, **904-519-2856**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #