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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 29, 2002 8:00 am Secretary of State **DOCUMENT #** P98000062924 1. Entity Name 01-29-2002 90071 043 ***150 00 PHOENIX ADVERTISING & GRAPHICS, INC. Principal Place of Business Mailing Address ١. 1971 W. LUMSDEN ROAD 1971 W. LUMSDEN ROAD SUITE 172 **SUITE 172** BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Phoenix Advertising & Graphics, Inc. Phoenix Advertising & Graphics, Inc. P.O. Box 190 Gibsonton, FL 33534-0190 P.O. Box 190* Gibsonton, FL 33534-0190 DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3525448 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOGUE, GLEN, Street Address (P.O. Box Number is Not Acceptable) 11526 CORWIN STREET GIBSONTON FL 33534 City Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F ☐ Change ☐ Addition BOGUE, GLEN M NAME NAME 11526 CORWIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GIBSONTON FL 33534** CITY-ST-ZIP TITLE ST Delete TITLE Change ☐ Addition **BOGUE, GLORIA J** NAME NAME STREET ADDRESS 11526 CORWIN ST STREET ADDRESS CITY-ST-ZIF GIBSONTON FL 33534 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all address, with all other like empowered.