

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90083 020 ***150.00

DOCUMENT # P98000062924

1. Entity Name
PHOENIX ADVERTISING & GRAPHICS, INC.



Principal Place of Business
1971 W. LUMSDEN ROAD
SUITE 172
BRANDON FL 33511

Mailing Address
1971 W. LUMSDEN ROAD
SUITE 172
BRANDON FL 33511



2. Principal Place of Business
6134 Florence St
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 190
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Gibsonton FL
Zip
33534
Country
USA

City & State
Gibsonton FL
Zip
33534
Country
U.S.A.

4. FEI Number 59-3525448

Applied For
Not Applicable

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

BOGUE, GLEN,
11526 CORWIN STREET - 6103 ADAMSVILLE RD
GIBSONTON FL 33534

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Glen M Bogue*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-18-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOGUE, GLEN M
11526 CORWIN STREET
GIBSONTON FL 33534 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6103 ADAMSVILLE Rd
Gibsonton FL 33534 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BOGUE, GLORIA J
11526 CORWIN ST
GIBSONTON FL 33534 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6103 ADAMSVILLE Rd
Gibsonton FL 33534 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glen M Bogue*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03

818-672-1991

Date

Daytime Phone #

CR2E034 (10/02)