

(R)

DOCUMENT # P98000071362

1. Entity Name

PHOENIX CAR COMPANY

Principal Place of Business

2600 MILITARY TRAIL SUITE 245
BOCA RATON FL 33431

Mailing Address

2600 MILITARY TRAIL SUITE 245
BOCA RATON FL 33431-6330

00 MAR -6 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

654147011

Applied For
Not Applicable

Zip

Country

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

~~CAPITAL CONNECTION, INC.~~
~~417 E. VIRGINIA ST.~~
~~STE. 1~~
~~TALLAHASSEE FL 32301~~

Name

Michael Gagliardi

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

2600 Military Trail #245

City

Boca Raton

FL

33431

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME P TD
STREET ADDRESS GAGLIARDI, MICHAEL
CITY-ST-ZIP 2600 MILITARY TRAIL SUITE 245
BOCA RATON FL 33431TITLE ☐ Change ☐ Additor
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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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 of 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

78