

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073060

1. Entity Name

PHOENIX FLASHING, INC.

FILED

Mar 10, 2000 8:00 am  
Secretary of State

03-10-2000 90024 047 \*\*\*150.00

Principal Place of Business

529-531 S DIXIE HWY E  
POMPANO BEACH FL 33060

Mailing Address

529-531 S DIXIE HWY E  
POMPANO BEACH FL 33060

C0035354

2. Principal Place of Business

3. Mailing Address

500 S. DIXIE Highway EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach FL

4. FEI Number

65-0871697

Applied For

Not Applicable

Zip

Country

Zip

Country

33060

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

FONTAINE, WILLIAM G  
529-531 S DIXIE HWY E  
POMPANO BEACH FL 33060

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.

SIGNATURE

William G. Fontaine

Mar 7/00

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	D	<input type="checkbox"/> Delete
NAME	FONTAINE, WILLIAM G	
STREET ADDRESS	529-531 S DIXIE HWY E	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD EUBANKS	
STREET ADDRESS	500 S. DIXIE Highway, EAST	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	SEC. TRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN A. LEVIN	
STREET ADDRESS	500 S. DIXIE Highway, EAST	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an address, with all other like empowered.

SIGNATURE:

William G. Fontaine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 7/00

Date

954-783-5888

Daytime Phone #

CR2E034 (9/99)