

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074647

1. Entity Name

PHOENIX CONSULTING, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90131 042 ***163.75

Principal Place of Business

10505 VALENTINE ROAD SOUTH
TALLAHASSEE FL 32311

Mailing Address

10505 VALENTINE ROAD SOUTH
TALLAHASSEE FL 32311-8609

2. Principal Place of Business

1108 Thomasville Road

Suite, Apt. #, etc.

3. Mailing Address

1108 Thomasville Road

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL. 32303

City & State

Tallahassee FL.

4. FEI Number

59-3529161

Applied For

Not Applicable

Zip

32303

Country

U.S.A.

Zip

32303

Country

U.S.A.

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

EDWARDS, TERESA A
10505 VALENTINE ROAD SOUTH
TALLAHASSEE FL 32311

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

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	PVTS	<input type="checkbox"/> Delete
NAME	EDWARDS, TERESA A	
STREET ADDRESS	10505 VALENTINE ROAD SOUTH	
CITY-ST-ZIP	TALLAHASSEE FL 32311-8609	
TITLE	DCM	<input type="checkbox"/> Delete
NAME	EDWARD, TERESA A	
STREET ADDRESS	10505 VALENTINE ROAD SOUTH	
CITY-ST-ZIP	TALLAHASSEE FL 32311-8609	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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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:

Teresa A. Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2000 (850) 322-4704

Date

Daytime Phone #

CR2E034 (9/99)