

# 2002 UNIFORM BUSINESS REPORT (UBR)

0039856 AV

**DOCUMENT # P98000074647**

1. Entity Name

**PHOENIX CONSULTING, INC.**

APPROVED  
AND  
FILED

02 MAR 21 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*MB*

DO NOT WRITE IN THIS SPACE

Principal Place of Business

1201 HAYS ST.

SUITE 100

TALLAHASSEE FL 32301

Mailing Address

1201 HAYS ST.

SUITE 100

TALLAHASSEE FL 32301

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3529161**

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

**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, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVTS**  
**EDWARDS, TERESA A**  
**10505 VALENTINE ROAD SOUTH**  
**TALLAHASSEE FL 32311-8609** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCM**  
**EDWARD, TERESA A**  
**10505 VALENTINE ROAD SOUTH**  
**TALLAHASSEE FL 32311-8609** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**400005182394--2**  
**-04/02/02--01030--029**  
**\*\*\*\*158.78 \*\*\*\*158.78**

TITLE  
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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 Edwards*  
**Teresa Edwards**

Date

Daytime Phone #

**3-20-02 850-222-4704**

CR2E034 (9/01)