2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088208

1. Entity Name

PHILENA CORPORATION

Principal Place of Business

Mailing Address

1217 E. CAPE CORAL PKWY. SUITE 192 CAPE CORAL FL 33904

1217 E. CAPE CORAL PKWY. SUITE 192 CAPE CORAL FL 33904-9604

2/1

FILED May 01, 2000 8:00 am Secretary of State

02-14-2000 90037 006 ***150.00

A ARRANGAN ARA ARANG KRASA BRASA RABAS RABAS BARAN BARAN KANDA ARANG SABAR SABAN BARAN ARAN ARAN

| Principal Place of Business 2638 SE 1944 Ave 1217 Goe Corol Pky E Suite, Apt #, etc. Suite-Apt. #, etc. | | | | | DO NOT WRITE IN THIS SPACE | | | | |
|---|--|--|--|---|--|---------------------------------|--|--|--|
| City & State | CORAL, FE | CAPT CORPL | 42 | 4. F | El Number APPLIED EOR | | | lied For Applicable | |
| 1390 | y Country USA | 77904-9604 | Country | 5. 0 | Certificate of Status Desired | | 8.75 Addit | | |
| | 6. Name and Address of Current | Registered Agent | Nama | 7. 1 | lame and Address of New Registe | red Ag | ent | | |
| WRIGHT, CHISTINE F 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL FL 33904 | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | City | | | FL | Zip Code | | |
| 8. The above | named entity submits this statement to | r the purpose of changing its reg | nistered office or rea | ristered age | | | | | |
| SIGNATURE . | Signature, typed or primed name of registered agent | and title if applicable. (NOTE: Re | gistered Agent signature r | squited when re | sinsta _{lm} g) D | ATE | | | |
| Tax filing r | ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) | FILE NOW!!!- After MAY 1, 2000 Make Check Payable | | .00 | 10: Election Campaign Financing Trust Fund Contribution. | | |)-May.Be: to Fees | |
| 11. | OFFICERS AND | | 12. | AC | DITIONS/CHANGES TO OFFICERS | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | D GRAMSCH, EVA 2638 S.E. 19TH AVENUE CAPE CORAL FL 33904 | □ Delete , | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | Addition Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRAMSCH, HANS-HERMANN 2638 S.E. 19TH AVENUE CAPE CORAL FL 33904 | ☐ 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 | |
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| TIFLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition | |
| 13. I hereby indicated of the co-changed | certify that the information supplied with don this report or suppliemental report poration or the receiver critistee employer on an attachment with an address. | h this filing does not qualify for this true and accurate and that my powered to execute this report as with all other like empowered. | signature shall have required by Chapt | in Section e the same er 607. Flor | 119.07(3)(i), Florida Statutes. I furth legal effect as if made under path; ide Statutes; and that my name app | er cert that I ar ears in | ify that the in m an officer Block 11 or | nformation or director Block 12 if | |