2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 18, 2000 8:00 am OCUMENT # **P99000008763** Secretary of State i. Entity Name PHOENIX LAND CONSTRUCTION, INC. 04-18-2000 90205 011 ***150.00 rincipal Flace of Business Mailing Address 1918 SE PORT ST LUCIE BLVD SE PORT ST LUCIE BLVD PORT ST LUCIE FL 34952-5514 COORTAGE ST LUCIE FL 34952 3. Mailing Address 729 5 FR DRAGL Principal Place of Business 729 S FEOGRA 1847 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Juite SuiTE Applied For 4. FEI Number City & State City & State STURRE 650898263 STUBET Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired us Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent LEONBRO 650G DPM GALLESE, WILLIAM F ESQ. Street Address (P.O. Box Number is Not Acceptable) 8000 S FEDERAL HWY, STE 301 PORT ST LUCIE FL 34952 City OR ST LaciE qurposts of changing its registered office or registered agent, or both, in the State of Florida The above named entit BOGORNI 60NARD FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Addition ρĎ ☐ Change ☐ Delete BRANT, JOHN 729 S FRORRAL HIGHWAY BRANT, JOHN NAME STE 210 729 S FRORRAL NIGHWAY 57R 210 CR2E034 STREET ADDRESS STUBBE FL CITY-ST-ZIP 572BRT ST-ZIP ☐ Addition ☐ Change ☐ Delete BOODIN, LEUNARD P IR LAUNBRO BULDAN, BLID Port ST Lucie PORT ST Lucia FL 1918 STREET ADDRESS ADDBEQQ 34994 ST Lucil CITY-ST-ZIP ST-7IF Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS ADDDECC CITY-ST-ZIP ST ZIP ☐ Change Addition TITLE ☐ Defete NAME ···· ATTIMIDE CO STREET ADDRESS CITY-ST-ZIP ST-ZIP Change ☐ Addition ☐ Delete TITLE

CITY-ST-ZIP 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 symplemental 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

NAME STREET ADDRESS

очет доприеда

-- ST-ZIP