

2000 UNIFORM BUSINESS REPORT (UBR)

6/2

FILED
Aug 17, 2000 8:00 am
Secretary of State

06-02-2000 90017 008 ***150.00

DOCUMENT # P99000031026

1. Entity Name
PHOENIX SUPPLY COMPANY

Principal Place of Business
 1915 DUPONT CT.
 DELTONA FL 32725

Mailing Address
 1915 DUPONT CT.
 DELTONA FL 32725

2. Principal Place of Business
 1200 S. Thorpe Ave

3. Mailing Address
 Same

Suite, Apt. #, etc.
 Ste 3

Suite, Apt. #, etc.

City & State
 Orange City Fla

City & State

Zip
 32763

Country
 Volusia



DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3603575

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

HONAKER, LISA
 1915 DUPONT CT.
 DELTONA FL 32725

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 *Lisa O. Honaker*
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
D
HONAKER, LISA
1915 DUPONT CT.
DELTONA FL 32725

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exception stated in Section 190.07(1)(f), Florida Statutes. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lisa D Honaker

8/

(904) 775-2442

