

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

001686

DOCUMENT # P99000031026

1. Entity Name:

PHOENIX SUPPLY COMPANY

05-29-2001 90017 048 \*\*\*150.00

Principal Place of Business

1280 S THORPE AVE  
 STE 3  
 ORANGE CITY FL 32763

Mailing Address

1280 S THORPE AVE  
 STE 3  
 ORANGE CITY FL 32763

A0072029



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1280 S. Thorpe Ave  
 Suite, Apt. #, etc.  
 #3

3. Mailing Address

Same

City & State

Orange City Fla

City & State

Orange City Fla

4. FEI Number

59-3603575

Applied For

Not Applicable

Zip

32763

County

Volusia

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HONAKER, LISA  
 1915 DUPONT CT.  
 DELTONA FL 32725

7. Name and Address of New Registered Agent

Name

Lisa Honaker

Street Address (P.O. Box Number is Not Acceptable)

1915 Dupont Ct.

City

Deltona

FL

Zip

32725

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 D. Honaker

(NO)

Lisa D. Honaker

DATE

5/1/01

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, 2001 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

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | D                | <input type="checkbox"/> Delete |
| NAME           | HONAKER, LISA    |                                 |
| STREET ADDRESS | 1915 DUPONT CT.  |                                 |
| CITY-ST-ZIP    | DELTONA FL 32725 |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                   |  |
|----------------|-------------------|--|
| TITLE          | Vice President    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Dwayne Honaker    |  |
| STREET ADDRESS | 1915 Dupont Ct.   |  |
| CITY-ST-ZIP    | Deltona Fla 32725 |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| 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 the 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:

Lisa D. Honaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)