

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90101 001 ***150.00
 01-24-2002 90101 002 *****8.75

DOCUMENT # P99000031026

1. Entity Name
PHOENIX SUPPLY COMPANY

Principal Place of Business
1280 S THORPE AVENUE
3
ORANGE CITY FL 32763

Mailing Address
1280 S THORPE AVE
STE 3
ORANGE CITY FL 32763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

HONAKER, LISA
1915 DUPONT CT.
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name **MICHAEL W. PALMER**
 Street Address (P.O. Box Number is Not Acceptable)
1327 JACKSONWOODS ROAD
 City **DELAND** FL Zip Code **32724**

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 *Michael W. Palmer, Pres.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/04/02
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/V/T/S/D/C/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL W. PALMER	
STREET ADDRESS	1327 JACKSONWOODS Rd.	
CITY-ST-ZIP	DELAND, FL, 32723	
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 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: *Michael W. Palmer, Pres.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL W. PALMER **01/04/02**
 Date

386-775-2442
 Daytime Phone #

CR2E034 (9/01)