

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90007 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041106

1. Entity Name
PHASE I MARKETING, INC.

Principal Place of Business
4350 W. WATERS AVE. #201
TAMPA FL 33614

Mailing Address
4350 W. WATERS AVE. #201
TAMPA FL 33614

677837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

52-2156382

Applied Fee

Base Amount

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JOYCE, JERRY L
204 N. MACDILL AVE.
TAMPA FL 33603-1524

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. (Note: This statement is required when changing the registered office or registered agent, or both, in the State of Florida.)

SIGNATURE

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

(NOTE: Registered Agent signature required when registering.)

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

10. Election Concerning
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Delete

PSD
GRUBER, CRAIG
4350 W. WATERS AVE. #201
TAMPA FL 33614

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Delete

11 SAN MARCO ST #602
Clearwater FL 33767

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 on the 4-11-02 UBR.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig M Gruber **8-21-02** **President**

Craig M Gruber

Attachment

#19900004106

677837

August 19, 2002

Phase I Marketing, Inc.
11 San Marco Street, #602
Clearwater, Florida 33767

Florida Department of Revenue
Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Gentlemen:

Please accept the enclosed Uniform Business Report for the above named Corporation. We request that you accept the enclosed check for \$150.00 as the full payment for this year's filing fee.

Apparently, due to the address change, we did not receive the first report and was not aware that it was not filed nor fee paid by the original due date.

Your consideration will be appreciated.

Sincerely,


Craig Gruber
President