## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000066348** Apr 11, 2000 8:00 am Secretary of State PROJECT PHOENIX, INC. 04-11-2000 90221 018 \*\*\*150.00 Principal Place of Business Mailing Address 651 KENSINGTON LAKE CIRCLE 651 KENSINGTON LAKE CIRCLE BRANDON FL 33511 BRANDON FL 33511-3888 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 9-3590344 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HART, TERENCE P Street Address (P.O. Box Number is Not Acceptable) 651 KENSINGTON LAKE CIRCLE BRANDON FL 33511 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. 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 12. 11. Change ☐ Addition ☐ Delete TITLE HART, TERENCE P NAME STREET ADDRESS STREET ADDRESS 651 KENSINGTON LAKE CIRCLE CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** Delete ☐ Change ☐ Addition TITLE TITLE HART, IRENE J NAME NAME STREET ADDRESS **651 KENSINGTON LAKE CIRCLE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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: SIGNATURE: SIGNATURE AND YEED OF SERVING OFFICER OF DESCRIPTION OF SERVING OFFICER OFFIC

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