

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104260

Entity Name  
PHI BUSINESS ASSOCIATES, INC.

FILED  
May 10, 2000 8:00 ar  
Secretary of State

05-10-2000 90174 031 \*\*\*150.00

Principal Place of Business		Mailing Address	
NE DIXIE HIGHWAY 215 BEACH FL 34957		2560 NE DIXIE HIGHWAY SUITE 215 JENSEN BEACH FL 34957	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
City	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0965447		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHARP, ROBERT A 2560 NE DIXIE HIGHWAY SUITE 215 JENSEN BEACH FL 34957		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
corporation is eligible to satisfy its Intangible filing requirement and elects to do so. (see criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
ADDRESS ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		P/T/S Robert A. Sharp 2560 NE Dixie Hwy, #215 Jensen Beach, FL 34957	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ADDRESS ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ADDRESS ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

I 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 stated 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 applicable, or on an attachment with an address with all other like empowered.

SIGNATURE:	Date: April 26, 2000	Daytime Phone #: 561-334-4395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (9/99)