

DOCUMENT # S19907

1. Entity Name
PHOENIX HARBOR ENTERPRISES, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90025 027 ***150.00

Principal Place of Business

123 GULF BEACH DR., W.
HCR BOX 108
ST GEORGE ISLAND FL 32328
US

Mailing Address

123 GULF BEACH DR., W.
HCR BOX 108
ST GEORGE ISLAND FL 32328
US

*Please
line for*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3043760

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPOHRER, HELEN
123 GULF BEACH DR., W.
ST GEORGE ISLAND FL 32328

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

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 \$180.00
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 PD
NAME GORDON, GAIL LEE ☐ Delete
STREET ADDRESS RT. 1, BOX 173A
CITY-ST-ZIP GRANTVILLE GA

TITLE SD
NAME GORDON, KEN ☐ Delete
STREET ADDRESS 271 HEATHER LANE
CITY-ST-ZIP HOGANSVILLE GA

TITLE TD
NAME SPOHRER, HELEN ☐ Delete
STREET ADDRESS 123 GULF BEACH DR., W.
CITY-ST-ZIP ST GEORGE ISLAND FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7133 FORREST ROAD
CITY-ST-ZIP GRANTVILLE GA 30220

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HELEN T. SPOHRER

1/3/01 927-3161

850-
X117

CR2E034 (10/00)