2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 10, 2000 8:00 am **DOCUMENT # \$39668** 1. Entity Name Secretary of State PHOENIX ADVISORS & COLLECTIONS, INC. 02-10-2000 90022 037 ***158.75 Principal Place of Business Mailing Address 4814 PHILLIPS HIGHWAY 4814 PHILLIPS HIGHWAY JACKSONVILLE FL 32207 JACKSONVILLE FL 32245-7006 2. Principal Place of Business 3. Mailing Address P. O. Box 17006 11737 Central Parkway Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite B City & State Applied For City & State 4. FEI Number 59-3057109 Jacksonville, FL Jacksonville, FL Not Applicable Country \$8.75 Additional 32224 5. Certificate of Status Desired ХX USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bennett Richard E. Street Address (P.O. Box Number is Not Acceptable) 11737 Central Parkway Name BENNETT, RICHARD E. 4814 PHILLIPS HIGHWAY JACKSONVILLE FL 32207 Suite B City Jac<u>ksonville</u> 8. The above pamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Richard E. Bennett SIGNATURE 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE BENNETT, RICHARD E. NAME NAME 11737 Central Pkwy, Suite B STREET ADDRESS 4814 PHILLIPS HWY. STREET ADDRESS Jacksonville, FL 32224 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Delete □ Addition TIT) F BENNETT, RICHARD E. NAME 11737 Central Pkwy, Suite E STREET ADDRESS 4814 PHILLIPS HWY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Jacksonville, FL 32224 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIF Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.