

Amended
FILED S47982
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP 30 PM 12: 01

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S47982 Amended
1. Entity Name
PHOENIX ENVIRONMENTAL INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1805 TENNESSEE AVENUE
Suite, Apt. #, etc.

3. Mailing Address
1805 TENNESSEE AVENUE
Suite, Apt. #, etc.

4. FEI Number 59-3057700 Applied, For Not Applicable

City & State
LYNN HAVEN FL

City & State
LYNN HAVEN FL

Zip 32444

Country USA

Zip 32444

Country USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name FINCH, JAMES D
Street Address (P.O. Box Number is Not Acceptable)
1805 TENNESSEE AVENUE
City LYNN HAVEN FL Zip Code 32444

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 _____ DATE _____
Signature, typed or printed name of registered agent or officer if applicable (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	P FINCH, JAMES D 1805 TENNESSEE AVENUE LYNN HAVEN FL 32444	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST EDWARDS, PATRICIA L 1120 PENNSYLVANIA AVENUE LYNN HAVEN FL 32444	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)(f), 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 on an attachment with an address, with all other like empowered.
SIGNATURE: James D. Finch James D. Finch, President 9.3.2002 50.265.42 ID
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

9/30/02
ad