

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S56688

1. Entity Name

PHOENIX PROPERTIES OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

9632 GRAY HAWK WAY
LAKE WORTH FL 33467
US

P.O. BOX 540741
LAKE WORTH FL 33454

2. Principal Place of Business

3814 W. EUCLID AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Office

City & State

Tampa, FL

City & State

Zip

33629

Country

U.S.A.

Zip

Country

4. FEI Number

65-0276186

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RINKER, DAVID SCOTT
9632 GRAY HAWK WAY
LAKE WORTH FL 33467

Name DAVID SCOTT RINKER

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

3814 W. EUCLID AVE (office)

City TAMPA

FL

Zip Code
33629

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 \$150.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVTS	<input type="checkbox"/> Delete
NAME	RINKER, DAVID S	
STREET ADDRESS	9632 GRAY HAWK WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3814 W. Euclid Ave (office)	
CITY-ST-ZIP	TAMPA, FL. 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID S. RINKER
PRES.

02-08-2001

Date

561-649-8068

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)