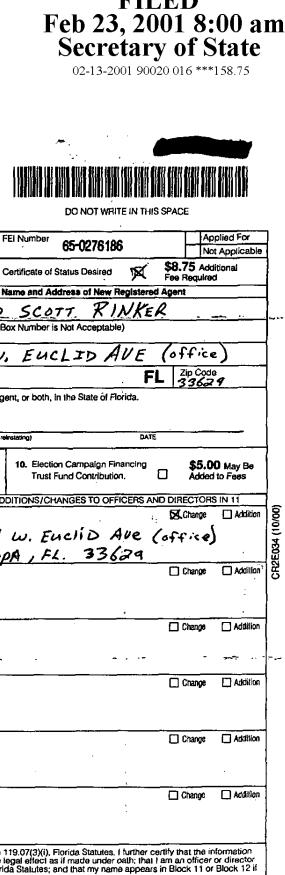
## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

## DOCUMENT # **\$56688 Secretary of State** 1. Entity Name PHOENIX PROPERTIES OF PALM BEACH COUNTY, INC. 02-13-2001 90020 016 \*\*\*158.75 Principal Place of Business Mailing Address 9632 GRAY HAWK WAY P.O. BOX 540741 eake worth flasag LAKE WORTH FL 33454 2. Principal Place of Business 3. Mailing Address 3814 W. EUCLID AUC Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE office City & State Applied For City & State 4. FEI Number 65-0276186 TAMPI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCOTT PINKER, DAVID-SCOTT Street Address (P.O. Box Number is Not Acceptable) 632 GBAY HAWK WAY W. EUCLID AVE LAKE-WORTH FL-23467 Zip Code 3362 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 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Delete TITLE TITLE **PVTS** NAME MAME 3814 W. Euclid Ave (office) TAMPA, FL. 33629 rinker, david s STREET ADDRESS STREET ADORESS 9632 GRAY HAWK WAY CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition me Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 entangles, with all other like empowered. 561-649-8068 SIGNATURE:



Daytime Phone #