

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 23, 2000 8:00 am**
Secretary of State

05-23-2000 90274 006 ***150.00

DOCUMENT # 595978

1. Entity Name

PHIEE CORP

Principal Place of Business

Mailing Address

2556 NE SUNDY AVE,
Delray Beach,
FL: 334442556 NE SUNDY AVE
Delray Beach
FL: 33444

655977

2. Principal Place of Business

3. Mailing Address

2556 NE SUNDY AVE
Suite, Apt. #, etc.2556 NE SUNDY AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Delray Beach

Delray Beach

4. FEI Number

594-02-6932

Applied For

Not Applicable

Zip
FL: 33444

Country

Zip
FL: 33444

Country

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

KIM D CRAIG
2556 NE SUNDY AVE
Delray Beach
FL: 33444

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

KIM D CRAIG Kim D. Craig Director

4/26/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

Kim D. Craig Director

4/26/00 (561) 330-0851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

#595978

655977

Phiee Corp.
KIM D. CRAIG
2556 NESUNDY AVE
Delray Beach
FL 33444

Dear Sirs,

Please note we did not receive our renewal UBR 2000 form and contacted your office for a replacement and spoke to a Ms Wendy Beck (4/21/00 11.29) who then sent it out.

We were told if we attached a letter of explanation and our form and payment were a few days late we would not incur the late fee.

Yours faithfully
Kim D. Craig
Phiee Corp.