

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **F01000003512**

Entity Name

PHILLIPS & COHEN ASSOCIATES, LTD., CORP.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90120 016 ***150.00

0574720 AT

Principal Place of Business

**695 RANCOCAS ROAD
WESTAMPTON NJ 08060**

Mailing Address

**695 RANCOCAS ROAD
WESTAMPTON NJ 08060**

00003400



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3527610

Applied For

Not Applicable

Zip

Country

Zip

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

C.T. CORPORATION SYSTEM**1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Laym. Offenberg
Street Address (P.O. Box Number is Not Acceptable)**4780 N State Rd 7, Suite E200**

City

Lauderdale Lakes FL

Zip Code

33319

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

1/21/028. 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, 2002 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	☐ Delete
	CPTD			
	PHILLIPS, MATTHEW M			
	695 RANCOCAS ROAD			
	WESTAMPTON NJ 08060			
	CVSD			
	COHEN, ADAM S			
	695 RANCOCAS ROAD			
	WESTAMPTON NJ 08060			
	V			
	ENDERS, HOWARD A			
	695 RANCOCAS ROAD			
	WESTAMPTON NJ 08060			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

Date

609-518-9000

Daytime Phone #

CR2E034 (9/01)