

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 08:00 AM
Secretary of State

DOCUMENT # K56638

1. Entity Name
J. PHILLIPS PRINTING, INC.

Principal Place of Business 1711 S.W. 17TH ST.	Mailing Address 1711 S.W. 17TH ST.
OCALA FL 34474 US	OCALA FL 34474 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-2924602**
 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PHILLIPS, JOSEPH G.
 1711 SW 17TH ST
 1711 S.W. 17TH ST.
 Ocala FL 34474 US

7. Name and Address of New Registered Agent
 Name **PHILLIPS, JOSEPH G. JR**
 Street Address (P.O. Box Number is Not Acceptable)
 1711 SW 17TH ST
 1711 S.W. 17TH ST.
 City **OCALA** FL Zip Code **34474**

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 **JOSEPH G. PHILLIPS, JR.** DATE **03/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			
TITLE	T	<input type="checkbox"/> Delete	
NAME	WOMBLE JOLEA P		
STREET ADDRESS	1711 S.W. 17 ST		
CITY-ST-ZIP	OCALA FL 34474		
TITLE	S	<input checked="" type="checkbox"/> Delete	
NAME	PHILLIPS JOSEPH GJR		
STREET ADDRESS	1711 S.W. 17 ST		
CITY-ST-ZIP	OCALA FL 34474		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	PHILLIPS, SUSAN D.		
STREET ADDRESS	1711 S.W. 17TH ST.		
CITY-ST-ZIP	OCALA FL		
TITLE	DP	<input type="checkbox"/> Delete	
NAME	PHILLIPS JOSEPH G		
STREET ADDRESS	1711 SW 17TH ST.		
CITY-ST-ZIP	OCALA FL		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOMBLE JOLEA P		
STREET ADDRESS	1711 S.W. 17 ST		
CITY-ST-ZIP	OCALA FL 34474		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, KAY H		
STREET ADDRESS	1711 S.W. 17TH ST.		
CITY-ST-ZIP	OCALA FL 34474		
TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS JOSEPH GJR		
STREET ADDRESS	1711 SW 17TH ST.		
CITY-ST-ZIP	OCALA FL 34474		
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 like empowered.

SIGNATURE: **JOSEPH G. PHILLIPS, JR.** DP 03/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)