

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001438

1. Entity Name
RONALD PHILIPS, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90017 030 ***158.75

Principal Place of Business Mailing Address
2370 COUNTRY OAKS LANE **2370 COUNTRY OAKS LANE**
PALM BEACH FL 33410 **PALM BEACH FL 33410**



DO NOT WRITE IN THIS SPACE

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

4. FEI Number Applied For
65-0995164 Not Applicable

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

6. Name and Address of Current Registered Agent
PHILIPS, RONALD
2370 COUNTRY OAKS LANE
PALM BEACH FL 33410

7. Name and Address of New Registered Agent
Name: **HARVEY PHILIPS**
Street Address (P.O. Box Number is Not Accepted): **1771 HIGHLAND DR.**
City: **JUNO BEACH** FL Zip Code: **33408**

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]* **HARVEY PHILIPS** DATE: **9/3/00**
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. **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME RONALD PHILIPS	
STREET ADDRESS		STREET ADDRESS 2370 COUNTRY OAKS LANE	
CITY-ST-ZIP		CITY-ST-ZIP PALM BEACH GARDENS FL. 33410	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **RONALD PHILIPS** DATE: **9/3/00** DAYTIME PHONE #: **561-630-6901**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)

attachment
P00000001438
B0106021

9/3/00

To Whom It May Concern,

Please Be informed that I
did not receive a UBR report in
January of this year. I only got this
report due 9/13.

I called your office and was told
to mail \$150 with this letter.

Thank you

Ronald Philips
RONALD PHILIPS