

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90009 011 ***150.00

DOCUMENT # P94000022633

1. Entity Name
BRIAN P. PHILIPS, P.A.

Principal Place of Business Mailing Address
~~7920 EDGEWATER DR~~
~~WEST PALM BEACH FL 33488~~
~~US~~ P O BOX 432
 BREVARD NC 28712-0432
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
P.O. Box 432
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Brevard NC **65-0476668** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
28712 ~~USA~~ **USA** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
PHILIPS, CHARLES F
7920 EDGEWATER DR
WEST PALM BEACH FL 33406
 Name
Kevin Richardson Esq.
 Street Address (P.O. Box Number is Not Acceptable)
1551 Town Place Suite 300 F
 City State Zip Code
West Palm Beach **FL** **33401**

8. The above named entity hereby certifies its agreement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE **Kevin Richardson Esq.** DATE **4/6/00**
Signature of individual or principal officer 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 \$150.00**
 After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIPS, BRIAN P	NAME	
STREET ADDRESS	202 JONES LN	STREET ADDRESS	
CITY-ST-ZIP	BREVARD NC 28712	CITY-ST-ZIP	
TITLE	DPST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN P PHILIPS	NAME	
STREET ADDRESS	112 Park Ave	STREET ADDRESS	
CITY-ST-ZIP	Brevard N.C. 28712	CITY-ST-ZIP	
TITLE	<input checked="" 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: **Brian P. Philips** Date **4/6/00** Daytime Phone # **828 885 2454**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR