

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91102 009 \*\*\*150.00

**DOCUMENT # P94000022633**

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

Principal Place of Business Mailing Address

7920 EDGEWATER DR 520 Country Club P O BOX 432  
 WEST PALM BEACH FL 33408 Brevard, BREVARD NC 28712  
 US N.C. 28712 US

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

City & State City & State  
**BREVARD N.C. Brevard, N.C.**  
 Zip Country Zip Country  
**28712 Transylvania 28712 Transylvania**

4. FEI Number **65-0476668** Applied For  
 Not Applicable

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

**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 FORUM PLACE SUITE 300 F**  
 City **WEST PALM BEACH** FL Zip Code **33401**

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 *Kevin Richardson* **4-23-01**  
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input checked="" type="checkbox"/> Delete
NAME	PHILIPS, BRIAN P	
STREET ADDRESS	202 JONES LN	
CITY-ST-ZIP	BREVARD, NC 28712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN P PHILIPS	
STREET ADDRESS	112 Park Ave	
CITY-ST-ZIP	BREVARD, NC 28712	
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		
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: *[Signature]* **4/27/01 828 005 2454**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE