

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90310 008 ***150.00

DOCUMENT # **P99000036457**

1. Entity Name

A Brian Phillips PA ✓

Principal Place of Business Mailing Address

111 N-Orange Ave
Ste 1030
Orlando FL 32801

Same

C0029993

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

111 N-Orange Ave
 Suite, Apt. #, etc.
Ste. 1030

3. Mailing Address

Same
 Suite, Apt. #, etc.

City & State
Orlando FL

City & State

4. FEI Number

59-370234

Applied For
 Not Applicable

Zip Country
32801 - USA

Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

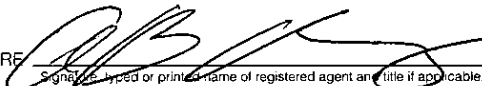
6. Name and Address of Current Registered Agent

A Brian Phillips, Esq
111 N-Orange Ave
Ste 1030
Orlando FL 32801

7. Name and Address of New Registered Agent

Name **A Brian Phillips**
 Street Address (P.O. Box Number is Not Acceptable)
111 N-Orange Ave
Ste 1030
 City **Orlando** **FL** Zip Code **32801**

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  **A Brian Phillips**
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/15/01
 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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------------|-------------------------|----------------------------------|---------------------------------|
| | A Brian Phillips | 111 N-Orange Ave | Ste 1030 Orlando FL 32801 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:  **A Brian Phillips**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-872-0777

CR2E034 (11/00)