

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90002 006 ***558.75

DOCUMENT # 275861

1. Entity Name
JAMES E. PHILLIPS, INC.

Principal Place of Business
32 E STREET
FROSTPROOF FL 33843
US

Mailing Address
10801 MARYFIELD LN
CHARLOTTE NC 28277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

28277-0129

USA

4. FEI Number **59-1032099**

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

~~PHILLIPS, GLADYS H~~

~~32 E. ST.~~

~~FROSTPROOF FL 33843~~

Name **MR. William S. Arrington**

Street Address (P.O. Box Number is Not Acceptable)
1001 South Lake MARIAM DR.

City **Winter Haven**

FL

Zip Code
33884

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

William S. Arrington

WILLIAM S. ARRINGTON

7/31/01

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 \$550.00
After September 12, 2001 Fee 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **PHILLIPS, GLADYS H**
 CITY-ST-ZIP **32 E ST.**
FROSTPROOF FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPT**
 STREET ADDRESS **BUTLER, ANE M**
 CITY-ST-ZIP **10801 MARYFIELD LN**
CHARLOTTE NC 28277

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **BUTLER, KEITH G**
 CITY-ST-ZIP **10801 MARYFIELD LN**
CHARLOTTE NC 28277

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPS**
 STREET ADDRESS **SNELL, LESLIE M**
 CITY-ST-ZIP **10208 BON MEADE LN**
CORNELIUS NC 28031

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCDONALD, JAMES B**
 CITY-ST-ZIP **6053 WILCRA LAKE RD #110**
CHARLOTTE NC 28212

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Keith G. Butler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/09/01

784-382-8681

Date

Daytime Phone #

CR2E034 (5/01)