

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 24, 2001 8:00 am**
Secretary of State

01-24-2001 90063 022 ***150.00

DOCUMENT # 340306

1. Entity Name

R.W. PHILLIPSON, INC.

Principal Place of Business

**10208 NORTHWEST 24TH PLACE
SUITE 407
SUNRISE FL 33322
US**

Mailing Address

**4826 NORTHWEST 8TH STREET
PLANTATION FL 33317
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1286663**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****EGNER, TED
3067 E COMMERCIAL BLVD
FT LAUDERDALE FL 33308****7. Name and Address of New Registered Agent**

Name

Sandra Toledo

Street Address (P.O. Box Number is Not Acceptable)

4826 NW 8 Street

City

Plantation**FL**

Zip Code

33317

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

Sandra Toledo

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/019. 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 **PD** ☐ Delete
NAME **FRIDOVICH, NAOMI**
STREET ADDRESS **10208 NORTHWEST 24TH PLACE, SUITE 407**
CITY-ST-ZIP **SUNRISE FL**TITLE **STD** ☐ Delete
NAME **FRIDOVICH, MARK**
STREET ADDRESS **1187 SOUTH STREET**
CITY-ST-ZIP **NEEDHAM MA**TITLE **VD** ☐ Delete
NAME **TOLEDO, SANDRA F.**
STREET ADDRESS **4826 NW 8 STREET**
CITY-ST-ZIP **PLANTATION FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Sandra Toledo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/01

Daytime Phone #

954-583-7540

CR2E034 (10/00)