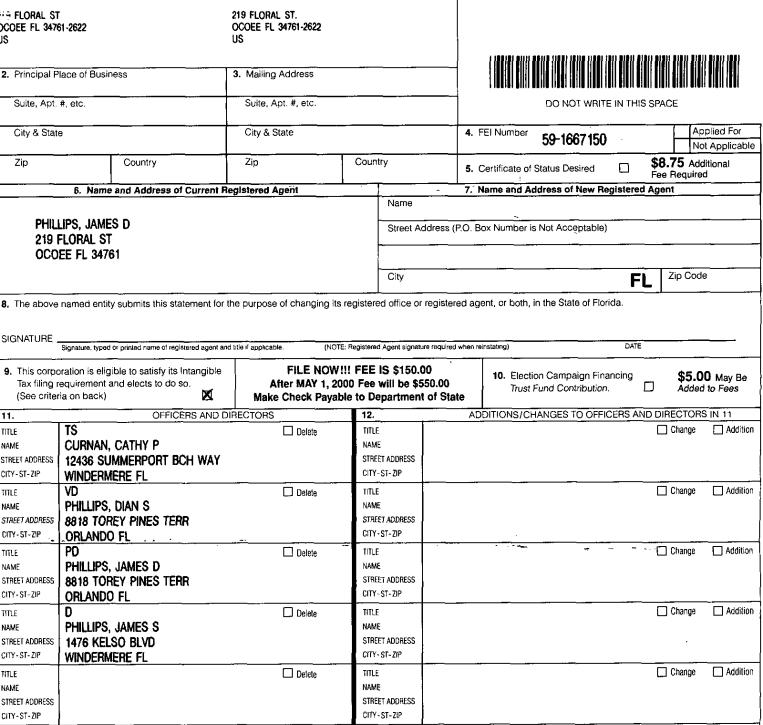
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 502828 PHILLIPS GROVES, INC. Principal Place of Business Mailing Address 244 FLORAL ST 219 FLORAL ST. OCOEE FL 34761-2622 OCOEE FL 34761-2622 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country 6. Name and Address of Current Registered Agent

FILED May 07, 2000 8:00 am Secretary of State

05-07-2000 90010 014 ***150.00



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.

Name

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12.

TITLE

NAME

NAME

NAME

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

PHILLIPS, JAMES D

9. This corporation is eligible to satisfy its Intangible

CURNAN, CATHY P

WINDERMERE FL

PHILLIPS, DIAN S

PHILLIPS, JAMES D

PHILLIPS, JAMES S

1476 KELSO BLVD

WINDERMERE FL

ORLANDO FL

ORLANDO FL

8818 TOREY PINES TERR

8818 TOREY PINES TERR

12436 SUMMERPORT BCH WAY

Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

219 FLORAL ST OCOEE FL 34761

(See criteria on back)

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

TITLE

TITLE

NAME

11.

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition