

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F31506**

1. Entity Name
JAMES W. PHILLIPS, JR., INC.



Principal Place of Business
1640 RIVER BLUFF ROAD NORTH
JACKSONVILLE FL 32211

Mailing Address
1640 RIVER BLUFF ROAD NORTH
JACKSONVILLE FL 32211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-2109978

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, JAMES W. JR
1640 RIVER BLUFF ROAD NORTH
JACKSONVILLE FL 32211

Name **PHILLIPS, WANDA LEE**

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

1640 RIVER BLUFF ROAD NORTH

City

JACKSONVILLE

FL

Zip Code
32211

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Wanda Lee Phillips* **WANDA LEE PHILLIPS**

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

(NOTE: Registered Agent signature required when reinstating)

2-14-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS**
NAME **PHILLIPS, WANDA LEE**
STREET ADDRESS **1640 RIVER BLUFF RD NO.**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

Delete

TITLE **DPVST**
NAME **PHILLIPS, WANDA LEE**
STREET ADDRESS **1640 RIVER BLUFF RD. N.**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

Change

Addition

TITLE **DVT**
NAME **PHILLIPS JR, JAMES W**
STREET ADDRESS **1640 RIVER BLUFF RD NO**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wanda Lee Phillips* **WANDA LEE PHILLIPS** **2-14-03 (904) 743-2475**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #