

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90945 017 \*\*\*150.00

**DOCUMENT # F82993**

1. Entity Name

EDWARD P. PHILLIPS, P.A.



Principal Place of Business

C/O EDWARD P. PHILLIPS  
1881 UNIVERSITY DR., SUITE 206  
CORAL SPRINGS FL 33071

Mailing Address

C/O EDWARD P. PHILLIPS  
1881 UNIVERSITY DR., SUITE 206  
CORAL SPRINGS FL 33071



2. Principal Place of Business

3300 UNIVERSITY DRIVE

3. Mailing Address

3300 UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 308

Suite 308

City & State

City & State

CORAL SPRINGS, FL

CORAL SPRINGS, FL

Zip

Country

Zip

Country

33065

USA

33065

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2202653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, EDWARD P.

1881 UNIVERSITY DRIVE, SUITE 206  
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

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

3300 UNIVERSITY DRIVE

SUITE 308

City

CORAL SPRINGS

FL

Zip Code

33065

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PD  
NAME PHILLIPS, EDWARD P  
STREET ADDRESS 1881 UNIVERSITY DR #206  
CITY-ST-ZIP CORAL SPRINGS FL

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-03 954-3460007

CR2E034 (10/02)