Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # F9600003774 1. Entity Name PHILLIPS FORMWORK INC.					Secretary of State 01-30-2002 90060 041 ***150.00			
Principal Place of Business 14155 58TH STREET NORTH CLEARWATER FL 33760		Mailing Address 14155 58TH STREET NORTH CLEARWATER FL 33760						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE I	IN THIS SPACE		
City & Stat		City & State 4.		4. F	FEI Number Applied For			
Zip Country		Zip Country			58-2243444	¢9.75 A.J.	ot Applicable	
<u>_</u> p		·				Fee Require		
	6. Name and Address of Current I	Registered Agent	Name_	7. 1	Name and Address of New Regi	istered Agent		
WARCHOLA, ROBERT R ESQUIRE 101 EAST KENNEDY BLVD., NATIONSBANK BLVD. SUITE 2800			Street A	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL	- -	City				FL Zip Cod	le	
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office o	r registered ag	ent, or both, in the State of Florid			
SĮGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signat	ure required when re	einstating)	DATE		
Tax filing requirement and elects to do so After May 1,			1!! FEE IS \$150.00 002 Fee will be \$550.00 able to Department of State		10. Election Campaign Financ Trust Fund Contribution.	·	00 May Be d to Fees	
11,	OFFICERS AND I	DIRECTORS	12.	AD	L DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PHILLIPS, HARVEY 1621 GULF BLVD., #602 CLEARWATER FL 33767	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		onna Street. f Harbor, Florie			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUNCY, EDWARD 26406 GREENWILLOW RUN WESLEY CHAPEL FL 33544	☐ 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	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that my wered to execute this report a	y signature shall h	ave the same I	legal effect as if made under oath	n; that I am an officer	or director	