

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90046 011 ***150.00

DOCUMENT # F98000003068

1. Entity Name
PHILLIP JAMES INDUSTRIES, INC.

Principal Place of Business

#316
501 N. ORLANDO AVE. #313
WINTER PARK FL 32789

Mailing Address

~~PO BOX 347916~~ **#316**
ORLANDO FL 32854

501 N. ORLANDO AVE
WINTER PARK, FL 32789



2. Principal Place of Business

3. Mailing Address

#316

501 N. ORLANDO AVE #313

WINTER PARK, FL

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

32789

USA

4. FEI Number 59-3506192

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VENTER, ROBERT

#316

501 N. ORLANDO AVE., #313

WINTER PARK FL 32789

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PCD**
STREET ADDRESS **VENTER, ROBERT**
CITY-ST-ZIP **525 LONDON ROAD**
WINTER PARK FL 32792

TITLE ☐ Change ☐ Addition
NAME **127 W. FAIRBANKS AVE**
STREET ADDRESS **#451**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02 407895-1890

Date

Daytime Phone #

CR2E034 (9/01)