

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90081 002 \*\*\*150.00

**DOCUMENT # J25451**

1. Entity Name  
**PHILIPSON - FROMM, INC.**

Principal Place of Business <b>C/O STEVEN/LOIS PHILIPSON          415 LIVE OAK DR - LITTLE ORCHID ISLE          VERO BEACH FL 32963</b>	Mailing Address <b>C/O JOHNS CPA          PO BOX 6688          VERO BEACH FL 32961-6688          US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number <b>59-2743953</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>VANDEVOORDE, RENE G.          1327 N. CENTRAL AVE.          SEBASTIAN FL 32958</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PHILIPSON, STEVEN</b>		NAME	
STREET ADDRESS <b>415 LIVE OAK DR - L.O.I.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>VERO BEACH FL</b>		CITY-ST-ZIP	
TITLE <b>STD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PHILIPSON, LOIS</b>		NAME	
STREET ADDRESS <b>415 LIVE OAK DR - L.O.I.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>VERO BEACH FL</b>		CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FROMM, STEPHEN</b>		NAME	
STREET ADDRESS <b>148 UNADILLA RD.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>RIDGEWOOD NJ</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FROMM, JUDI</b>		NAME	
STREET ADDRESS <b>148 UNADILLA RD.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>RIDGEWOOD NJ</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 of 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.

SIGNATURE: **STEVEN L. PHILIPSON** 2/8/00 (561)589-3811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)