~ 2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # K19915** 1. Entity Name PHILLIPS PLASTERING, INC. 04-23-2001 90094 042 ***150.00 Principal Place of Business Mailing Address 204 BILBAO ST. 204 BILBAO ST. ROYAL PALM BCH. FL 33411 ROYAL PALM BCH. FL 33411 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For .65-0042179... Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHILLIPS, LAMAR L. J Street Address (P.O. Box Number is Not Acceptable) 204 BILBAO STREET ROYAL PALM BEACH FL 33411 Zip Code 33412 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 t signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Change □ Delete TITLE NAME-PHILLIPS, LAMAR < NAME STREET ADDRESS STREET ADDRESS 204 BILBAO ST. CITY-ST-ZIP CITY-ST-ZIP 334/2 ROYAL PALM BCH. FI TITLE DVS □ Delete TITLE NAME PHILLIPS, BARBARA NAME STREET ADDRESS 204 BILBAO ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>royal Palm Beach Fi</u> TITLE TIÍLE 🖫 Change - Addition AS NAME PHILLIPS, MICHAEL A NAME STREET ADDRESS 204 BILBAO ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ROYAL PALM BCH, FL TITLE ☐ Delete ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-702 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 arraddress, with all other like emp SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE Date Daytime Phone