

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # K56638**1. Entity Name
J. PHILLIPS PRINTING, INC.**Principal Place of Business**

1711 S.W. 17TH ST.

Mailing Address

1711 S.W. 17TH ST.

OCALA
34474

FL

US

OCALA
34474

FL

US

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-2924602**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**PHILLIPS, JOSEPH G.**

1711 SW 17TH ST

1711 S.W. 17TH ST.

OCALA

34474

FL

US

7. Name and Address of New Registered Agent

Name

PHILLIPS, JOSEPH G. JR

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

1711 SW 17TH ST

1711 S.W. 17TH ST.

City
OCALA

FL

Zip Code
34474

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 **JOSEPH G. PHILLIPS, JR.****03/26/2001**

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, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| | | |
|----------------|---------------------|--------------------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WOMBLE JOLEA P | |
| STREET ADDRESS | 1711 S.W. 17 ST | |
| CITY-ST-ZIP | OCALA FL 34474 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | PHILLIPS JOSEPH GJR | |
| STREET ADDRESS | 1711 S.W. 17 ST | |
| CITY-ST-ZIP | OCALA FL 34474 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | PHILLIPS, SUSAN D. | |
| STREET ADDRESS | 1711 S.W. 17TH ST. | |
| CITY-ST-ZIP | OCALA FL | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | PHILLIPS JOSEPH G | |
| STREET ADDRESS | 1711 SW 17TH ST. | |
| CITY-ST-ZIP | OCALA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|------------------------------------------------------------------------------|
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOMBLE JOLEA P | |
| STREET ADDRESS | 1711 S.W. 17 ST | |
| CITY-ST-ZIP | OCALA FL 34474 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PHILLIPS, KAY H | |
| STREET ADDRESS | 1711 S.W. 17TH ST. | |
| CITY-ST-ZIP | OCALA FL 34474 | |
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PHILLIPS JOSEPH GJR | |
| STREET ADDRESS | 1711 SW 17TH ST. | |
| CITY-ST-ZIP | OCALA FL 34474 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: JOSEPH G. PHILLIPS, JR.

DP

03/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)