

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90292 036 ***150.00

DOCUMENT # K89545

1. Entity Name

PHILLIPS HARDWARE COMPANY

Principal Place of Business

~~ROBERT E. SCHUR~~
 490 N.W. SO. RIVER
 MIAMI FL 33128

Mailing Address

% ROBERT E. SCHUR
 490 N.W. SO. RIVER
 MIAMI FL 33128

2. Principal Place of Business

% United Resources, Inc.

Suite, Apt. #, etc.

3. Mailing Address

9700 S. Dixie Hwy

Suite, Apt. #, etc.

570

City & State

Miami, FL

Zip

Country

Zip

33156

Country

USA

4. FEI Number

59-0401860

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

SCHUR, ROBERT E.
 501 BRICKELL KEY DR
 SUITE 380
 MIAMI FL 33131-2608

Name

David Colonna

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

9700 S. Dixie Hwy #570

City

Miami,

FL

Zip Code

33156

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 David W. Colonna Pres. David W. Colonna 3/20/01
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	TD	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, GUY B.	
STREET ADDRESS	9700 S DIXIE HWY, 570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BABCOCK, E. VOSE, III	
STREET ADDRESS	9700 S DIXIE HWY, 5670	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BABCOCK, MARY	
STREET ADDRESS	9700 S DIXIE HWY, STE 570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, PATRICIA E.	
STREET ADDRESS	9700 S DIXIE HWY, STE 570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, JOHN RAY	
STREET ADDRESS	9700 S DIXIE HWY, STE 570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCARBOROUGH, GARY E	
STREET ADDRESS	490 N.W. S. RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	President/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David W. Colonna	
STREET ADDRESS	9700 S. Dixie Hwy #570 Miami, FL	
CITY-ST-ZIP	33156	
TITLE	Sec. - Patricia Mach	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9700 S. Dixie Hwy #570	
STREET ADDRESS	Miami, FL 33156	
CITY-ST-ZIP		
TITLE	Asst. Sec. Odalys Oregon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9700 S. Dixie Hwy #570	
STREET ADDRESS	Miami, FL 33156	
CITY-ST-ZIP		
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		
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: David W. Colonna Pres. David W. Colonna 3/20/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-670-0303

CR2E034 (10/00)