

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90049 026 \*\*\*150.00

DOCUMENT # L06557

1. Entity Name  
**QUINN PHILLIPS COMPANY**

Principal Place of Business  
**1431 S OCEAN BLVD**  
**SUITE 98**  
**POMPANO BEACH FL 33062**  
**US**

Mailing Address  
**1431 S OCEAN BLVD**  
**POMPANO BEACH FL 33062**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2960768</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CHRISTIAN, GARY I.</b> <b>3100 UNIVERSITY BLVD., SOUTH</b> <b>SUITE 101-3100 BLDG.</b> <b>JACKSONVILLE FL 32216</b>				Name <b>RUSSELL K FRAZIER</b>			
				Street Address (P.O. Box Number is Not Acceptable)			
				<b>1431 S. OCEAN BLVD. #98</b> City <b>POMPANO BEACH</b> FL Zip Code <b>33062</b>			

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 *Russell K Frazier* DATE 1/4/01  
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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 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 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>FRAZIER, RUSSELL K.</b> <b>1431 S. OCEAN BLVD SUITE 98</b> <b>POMPANO BEACH FL 33062</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Russell K Frazier* DATE 1/4/01 DAYTIME PHONE # 954 781 6637  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

012449

CR2E034 (10/00)