

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90177 037 ***150.00

DOCUMENT # P00000029854

1. Entity Name

THE PHILLIP'S RESEARCH AND DEVELOPMENT CORP.

Principal Place of Business

**1885 S.W. 80TH STREET
 OCALA FL 34476**

Mailing Address

**1885 S.W. 80TH STREET
 OCALA FL 34476**

2. Principal Place of Business

1955 S.W. 80 ST
 Suite, Apt. #, etc.

3. Mailing Address

1955 S.W. 80 ST
 Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

52-2280446

Applied For

Not Applicable

Zip

Country

34476

USA

Zip

Country

34476

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PEEPLES, PHILLIP U
 1885 S.W. 80TH STREET
 OCALA FL 34476**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 2002 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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PEEPLES, PHILLIP U**
 CITY-ST-ZIP **1885 S.W. 80TH STREET
 OCALA FL 34476**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-02 352-873-8000

CR2E034 (9/01)

Attachment

Doc. # 00000029854

317014

PLEASE NOTE CHANGE
OF ADDRESS AND THE
F.E.I. # 52-2280446

THANK YOU

Reynolds