

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90053 033 ***158.75

DOCUMENT # P00000031686

1. Entity Name
COLLEEN PHILLIPS INTERIOR DESIGN, INC.

Principal Place of Business
**13245 ATLANTIC BLVD.,STE.4-242
 JACKSONVILLE FL 32225**

Mailing Address
**13245 ATLANTIC BLVD.,STE.4-242
 JACKSONVILLE FL 32225**

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 **59-3633191**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PHILLIPS, COLLEEN R
 13245 ATLANTIC BLVD.,STE.4-242
 PONTE VEDRA FL 32082**

7. Name and Address of New Registered Agent

Name **PHILLIPS, COLLEEN R.**

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

13245 ATLANTIC BLVD. S-4-242

City **Jacksonville**

FL

Zip Code
32225

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  **COLLEEN R. PHILLIPS (PRESIDENT)**

3/30/01

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.
 (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

TITLE **P** ☐ Delete
 NAME **PHILLIPS, COLLEEN R**
 STREET ADDRESS **13245 ATLANTIC BLVD.,STE.4-242**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **PHILLIPS, COLLEEN R.**
 STREET ADDRESS **13245 ATLANTIC**
 CITY-ST-ZIP

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

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

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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:  **COLLEEN R. PHILLIPS
 PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.2.01

Date

904.221.1644

Daytime Phone #

CR2E034 (10/00)