

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90986 024 ***150.00

00325398 AV

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
331 SEVENTH STREET
Suite, Apt. #, etc.

3. Mailing Address
331 SEVENTH STREET
Suite, Apt. #, etc.

City & State
ATLANTIC BEACH, FL
Zip
32233
Country
USA

City & State
ATLANTIC BEACH, FL
Zip
32233
Country
USA

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 S-4-242
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name **PHILLIPS, COLLEEN R.**
Street Address (P.O. Box Number is Not Acceptable)
331 SEVENTH STREET
City **ATLANTIC BEACH** **FL** Zip Code **32233**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title is applicable.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, COLLEEN R 13245 ATLANTIC BLVD., STE. 4-242 JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, COLLEEN R. 331 SEVENTH STREET ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

COLLEEN R. PHILLIPS

(PRESIDENT)

4/28/03

Date

904.247.6081

Daytime Phone #

CR2E034 (10/02)