

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90051 004 ***150.00

DOCUMENT # P00000037960

1. Entity Name
RUSSELL SCOTT PHILLIPS ENTERPRISES, INC.

Principal Place of Business

3507 DEL-LAGO CIR. NO. 421
 TAMPA FL 33614

Mailing Address

3507 DEL-LAGO CIR. NO. 421
 TAMPA FL 33614

2. Principal Place of Business

2728 MAHAN DRIVE

3. Mailing Address

2276 E. PARK AVENUE

Suite, Apt. #, etc.

ATTN: EATZ CAFETERIA

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32308

Country

USA

Zip

32308

Country

4. FEI Number

59-3648393

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

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, 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 ☐ Delete
 NAME **PTVS**
 STREET ADDRESS **PHILLIPS, RUSSELL S**
 CITY-ST-ZIP **3507 DEL-LAGO CIR. NO. 421**
TAMPA FL 33614

TITLE ☒ Change ☐ Addition
 NAME **2276 E. PARK AVENUE**
 STREET ADDRESS **Tallahassee, FL 32308**
 CITY-ST-ZIP **10**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PHILLIPS, RUSSELL S**
 CITY-ST-ZIP **3507 DEL-LAGO CIR. NO. 421**
TAMPA FL 33614

TITLE ☒ Change ☐ Addition
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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 #

CR2E034 (10/00)