4/30/03 (404)448-0726
Date Destine Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000037960  1. Entity Name RUSSELL SCOTT PHILLIPS ENTERPRISES, INC.					Secretary of State 06-02-2003 90190 022 ***150.00			
Principal Place of Business  2728 MAHAN DR  ATTN: EATZ CALIFORNIA  TALLAHASSEE FL 32308  Mailing Address  2276 E. PARK AVE  TALLAHASSEE FL 32310					90138429			
2. Principal Place of Business  3. Mailing Address  3. Mailing Address  3. Mailing Address  3. Mailing Address  4. Junters Hill Ct. E. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
	sonville, FL	Jacksonville, FL		4.	4. FEI Number 59-3648393 Applied For Not Applicable			
Zip 322	Country USA  6. Name and Address of Current Re	32246	Country USA		Certificate of Status Desired	Fee Requir		
PHILLIPS, RUSSELL S 3507 DEL-LAGO CIR. NO. 421 TAMPA FL 33614				Name Russell S. Phillips Street Address (P.O. Box Number is Not Acceptable)  BOZZ Hunters Hill. Ct. E.  City Jacksonville FL Zin Code 32246				
8. The above names 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  10. Election Campaign Financing  \$5.00 May Be								
(See criter	requirement and elects to do so.	After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		t of State	Trust Fund Contribution. Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PTVS PHILLIPS, RUSSELL S 2276 E. PARK AVE TALLAHASSEE FL 32310	RECTORS  Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	3022	Hunters Hill	<b>⊠</b> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, RUSSELL S 2276 E. PARK AVE TALLAHASSEE FL 32310	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3022 H	tunters Hill (	☑ Change	Addition	
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indicated of the cor	certify that the information supplied with the on this report or supplemental report is triporation or the receiver or trustee empower or on an address with	ue and accurate and that my ered to execute this report as	signature shall ha	ave the same	legal effect as if made unde	r oath; that I am an office	r or director	