

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051348

1. Entity Name

PHILCO! ENTERPRISES, INCORPORATED

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90113 044 ***158.75

Principal Place of Business

71 NORTH CORTEZ DRIVE
MARGATE FL 33068

Mailing Address

71 NORTH CORTEZ DRIVE
MARGATE FL 33068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

651 BANKS ROAD

Suite, Apt. #, etc.

2346 WINKLER AVE UNIT # J-210

City & State

MARGATE, FL

City & State

FORT MYERS, FL

Zip

33068

Country

U.S.

Zip

33901

Country

U.S.

6. Name and Address of Current Registered Agent

LISI, PHILIP
71 NORTH CORTEZ DRIVE
MARGATE FL 33068

7. Name and Address of New Registered Agent

Name

LISI, PHILIP

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

2346 WINKLER AVE UNIT # J-210

City

FORT MYERS

FL

Zip Code

33901

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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	LISI, PHILIP	
STREET ADDRESS	71 NORTH CORTEZ DRIVE	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISI, PHILIP	
STREET ADDRESS	2346 WINKLER AVE UNIT # J-210	
CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Philip Lisi, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/01

Daytime Phone #

954-881-1976

CR2E034 (10/00)