

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90691 005 \*\*\*150.00

DOCUMENT # **00000059513**

1. Entity Name

**VICKI PHILLIPS, INC.**

Principal Place of Business

Mailing Address

**508 REBSTOCK BLVD  
 PALM HARBOR FL 34683**

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

**59-3650954**

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

**COLLIER, JAMES H SR  
 7421 BENT OAK DRIVE  
 PORT RICHEY FL 34668**

Name  
**PHILLIPS, VICKI**

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

**508 REBSTOCK BLVD**

City  
**PALM HARBOR**

**FL**

Zip Code  
**34683**

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

*Vicki Phillips*

**VICKI PHILLIPS**

**4/28/2001**

Signature, typed or printed name of registered agent and date of application.

(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	P	Delete
NAME	<b>PHILLIPS, VICKI</b>	
STREET ADDRESS	<b>508 REBSTOCK BLVD</b>	
CITY - ST - ZIP	<b>PALM HARBOR, FL 34683</b>	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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		<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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Vicki Phillips*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VICKI PHILLIPS**

**4/28/2001 727-772-6839**

Date

Daytime Phone #

CR2E034 (11/00)