FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000016210

1. Entity Name

Phillips Industrial Maintenance Corporation

DO NOT WRITE IN THIS SPACE

U1UUJ11U

2. Principal Place of Business
4260 Palm Drive
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 206
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bartow, FL
Zip 33830   Country USA

City & State
Fort Meade, FL
Zip 33841   Country USA

4. FEI Number 59-3704137   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name James E. Phillips

Street Address (P.O. Box Number is Not Acceptable)
117 S. Oak Avenue

City Fort Meade   FL   Zip Code 33841

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 X James E. Phillips
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   4/22/04
DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Owner	TITLE	
NAME	James E. Phillips	NAME	
STREET ADDRESS	4260 Palm Dr.	STREET ADDRESS	
CITY-ST-ZIP	Bartow, FL 33830	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X James E. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   4/22/04   863-559-8822
Date   Daytime Phone #