

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90133 045 ***150.00

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DOCUMENT # P01000016210
1. Entity Name
PHILLIPS INDUSTRIAL MAINTENANCE CORPORATION



Principal Place of Business
717 S OAK
FORT MEADE FL 33841

Mailing Address
PO BOX 206
FORT MEADE FL 33841

11023604



2. Principal Place of Business

717 S. OAK Ave

3. Mailing Address

P.O. Box 206

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Meade FL

City & State
Fort Meade, FL

4. FEI Number 59-3704137

Applied For
Not Applicable

Zip 33841 **Country** USA

Zip 33841 **Country** USA

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

6. Name and Address of Current Registered Agent:

PHILLIPS, JAMES
810 N W 9TH AVENUE, #D
MULBERRY FL 33860

7. Name and Address of New Registered Agent

Name James Phillips

Street Address (P.O. Box Number is Not Acceptable)
717 S. OAK Ave

City Fort Meade, **FL** **Zip** 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 James E Phillips

4-23-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 0 ☐ Delete
NAME PHILLIPS, JAMES E
STREET ADDRESS 717 S OAK
CITY-ST-ZIP FORT MEADE FL 33841

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James E Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

Date

Daytime Phone #

CR2E034 (10/02)