

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90375 014 ***150.00

DOCUMENT # P01000050218

1. Entity Name
DENIS PHILLIPS TRUCKING, INC.



Principal Place of Business
1510 BOTTLEBRUSH DR., NE
PALM BAY FL 32905

Mailing Address
P.O. BOX 120402
W. MELBOURNE FL 32912



2. Principal Place of Business
1900 S. Harbor City Blvd
Suite, Apt. #, etc.
#204

3. Mailing Address
P.O. Box 120402
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Melbourne FL

City & State
W. Melbourne, FL

Zip
32901

Country
USA

Zip
32912

Country

4. FEI Number **59-3722156**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, DENIS M
876 REMSEN AVE. NW
PALM BAY FL 32907-7721

7. Name and Address of New Registered Agent

Name **Denis M. Phillips**

Street Address (P.O. Box Number is Not Acceptable)
1900 S. Harbor City Blvd

Suite #204

City **Melbourne** **FL** **Zip Code** **32901**

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 *Denis M. Phillips* **Denis M. Phillips** **1-28-03**

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 ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, DENIS M 876 REMSEN AVE. NW PALM BAY FL 32907-7721	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, BETSEY T 876 REMSEN AVE. NW PALM BAY FL 32907-7721	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T/S Phillips, Denis M 1900 S. Harbor City Blvd Melbourne, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Denis M. Phillips* **Denis M. Phillips, Pres.** **1/28/03** **(321)** **508-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)