

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**

06-27-2003 90051 019 \*\*\*558.75

**DOCUMENT #** P02000019807

**1. Entity Name**  
SHAWN PHILLIPS, INCORPORATED



**Principal Place of Business**  
1747 VAN BUREN ST., #855  
HOLLYWOOD FL 33020

**Mailing Address**  
1747 VAN BUREN ST., #855  
HOLLYWOOD FL 33020

**2. Principal Place of Business**  
SIS SEABREEZE BLVD

**3. Mailing Address**  
SIS SEABREEZE BLVD

Suite, Apt. #, etc.  
SUITE 226

Suite, Apt. #, etc.  
SUITE 226

City & State  
FT. LAUDERDALE FL

City & State  
FT. LAUDERDALE FL

Zip  
33316

Country  
BROWARD

Zip  
33316

Country  
BROWARD

**4. FEI Number**  
02-0555468

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

BISHOP, JULIAN  
1747 VAN BUREN ST., #855  
HOLLYWOOD FL 33020

**7. Name and Address of New Registered Agent**

Name: JULIAN BISHOP  
Street Address (P.O. Box Number is Not Acceptable)  
SIS SEABREEZE BLVD #226  
City: FT. LAUDERDALE FL Zip Code: 33316

**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: *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 6-24-03

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:** SIGNATURE *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-03 305-345-2664  
Date Daytime Phone #

CR2E034 (10/02)