

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90137 026 \*\*\*558.75

DOCUMENT # P02000112043

1. Entity Name  
PHELPS BUILDERS GROUP, INC.



Principal Place of Business  
112 SILVER PALMS CIR  
DAVENPORT FL 33837

Mailing Address  
112 SILVER PALMS CIR  
DAVENPORT FL 33837



2. Principal Place of Business  
428 Silver Palms Cir  
Suite, Apt. #, etc.

3. Mailing Address  
428 Silver Palms Cir  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
DAVENPORT, FL  
Zip  
33837  
Country  
POLK

City & State  
DAVENPORT, FL  
Zip  
33837  
Country  
POLK

4. FEI Number  
06-1660257  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PHELPS, THOMAS M SR  
112 SILVER PALMS CIR  
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name  
Phelps, Thomas M. Sr.  
Street Address (P.O. Box Number is Not Acceptable)  
428 Silver Palms Cir.  
City  
Davenport FL Zip Code  
33837

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 Thomas M. Phelps Sr. Thomas M. Phelps 7-15-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

☒ **FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	DPVS PHELPS, THOMAS M SR 112 SILVER PALMS CIR DAVENPORT FL 33837	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHELPS, THOMAS M SR 112 SILVER PALMS CIR DAVENPORT FL 33837	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS Phelps, Thomas M. Sr. 428 Silver Palms Cir Davenport, FL 33837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Phelps, Thomas M. Sr. 428 Silver Palms Cir. Davenport, FL 33837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Phelps, Thomas M. Sr.	<input checked="" type="checkbox"/> Change <input checked="" 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: Thomas M. Phelps  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-03 863-289-3095  
Date Daytime Phone #

0136623 AT

CR2E034 (4/03)