

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90355 016 ***150.00

DOCUMENT # P93000002497

1. Entity Name

PHILLIPS MOVING, INC.

Principal Place of Business

~~1030 TYLER ST~~
HOLLYWOOD FL 33020
US

Mailing Address

4041 LOUGANIS WAY
~~#2~~
SACRAMENTO CA 95823
US

00040285



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 S. Federal Highway
Suite, Apt. #, etc.

3. Mailing Address

4041 Louganis Way
Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Sacramento, CA

4. FEI Number

65-0376843

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

95823

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, WENDELL J

~~1030 TYLER ST~~

HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

Phillips, Wendell J.

Street Address (P.O. Box Number is Not Acceptable)

801 S. Federal Highway

City

Hollywood, FL

Zip Code

33020

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.

SIGNATURE

Wendell J. Phillips

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, WENDELL J	
STREET ADDRESS	4041 LOUGANIS WAY	
CITY-ST-ZIP	SACRAMENTO CA 95823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phillips, Grace E.	
STREET ADDRESS	4041 Louganis Way	
CITY-ST-ZIP	Sacramento, CA 95823	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wendell J. Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01

Date

(916) 424-6296

Daytime Phone #

CR2E034 (10/00)