

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90158 032 \*\*\*150.00

**DOCUMENT # P93000005162**

**1. Entity Name**  
**FIRST IMPRESSION BY PHYLLIS, INC.**

*LA*

**Principal Place of Business**

**2370 NE CAPITAL CIRCLE  
TALLAHASSEE FL 32308**

**Mailing Address**

**2370 N. E. CAPITAL CIRCLE  
TALLAHASSEE-FL 32308  
US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**2370 N.E. Capital Circle  
Suite, Apt. #, etc. 2370**

**3. Mailing Address**

**2370 N.E. Capital Circle  
Suite, Apt. #, etc. 2370**

**City & State**

**Tallahassee, FL**

**City & State**

**Tallahassee, FL**

**4. FEI Number**

**59-3163444**

**Applied For**

**Not Applicable**

**Zip**

**32308**

**Country**

**LEON**

**Zip**

**32308**

**Country**

**LEON**

**5. Certificate of Status Desired**

**\$8.75 Additional  
Fee Required**

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

**TAYLOR, PHYLLIS BRANTUM  
1833 HALSTEAD BLVD.  
TALLAHASSEE FL 32308**

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

**Name** *Phyllis B. Taylor*  
**Street Address (P.O. Box Number is Not Acceptable)**  
*1833 Halstead Blvd*  
**City** *Tallahassee* **FL** **Zip Code** *32309*

**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** *Phyllis B. Taylor*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*9-10-01*

**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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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**

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

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>TAYLOR, PHYLLIS BRANTU</b> <b>2376 NE CAPITAL CIRCLE</b> <b>TALLAHASSEE FL 32308</b>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> <b>EATON, RAY P</b> <b>2376 NE CAPITAL CIRCLE</b> <b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**

*Phyllis B. Taylor*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*9-10-01*  
**Date**

*(850) 385-8858*  
**Daytime Phone #**

CR2E034 (5/01)

NOTES

ATTACHMENT

BDD 64920

To Whom it May Concern I'm aware  
of the due date for my business

Uniform Business Report. I NEVER  
RECEIVED A BILL OF 150<sup>00</sup> THE ONLY  
THING I RECEIVED WAS A BILL FOR  
5550<sup>00</sup> FOR NINE YEARS I'VE PAID  
AND PAID ON TIME. WE WOULDN'T  
HAVE WAITED FOR FOR 5550<sup>00</sup> IN  
ADDITION TO 150<sup>00</sup>

I CALLED YOUR OFFICE ON 9.10.01  
AND SPOKE TO CAROL AND WAS ADVISED  
TO MAKE A NOTE AND SEND A \$150<sup>00</sup> CHECK

P930000005162

Thank you  
Ms. Taylor