FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Jan 15, 2003 8:00 am Secretary of State P93000082786 DOCUMENT # 1. Entity Name 01-15-2003 90214 032 ***150.00 PAUL B. PHILLIPS, INC. Principal Place of Business Mailing Address 12718 WOODTRAIL BLVD. P. O. BOX 273510 **TAMPA FL 33625** TAMPA FL 33688-3510 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3213000 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEWMAN, M. MITCHELL Street Address (P.O. Box Number is Not Acceptable) 707 N. FRANKLIN STREET **NINTH FLOOR** TAMPA FL 33602 City Zip Code 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, 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPST ☐ Delete TITLE Change Addition NAME PHILLIPS, PAUL B. NAME STREET ADDRESS 12718 WOOD TRAIL BLVD. STREET ADDRESS CITY-ST-ZIP Tampa FL 33625 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of justee empowered to execute this report as Aquired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

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