2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # **P94000019662** PHILLIPS MARKETING, INC. 01-18-2000 90203 011 ***150.00 Principal Place of Business Mailing Address PO BOX 1536 6410 N 62 ST PINELLAS PARK FL 33780-1536 PINELLAS PARK FL 33781 **ԱՍՍՍ ՀԵԾՍ** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #; etc. Applied For 4. FEI Number City & State City & State 59-3231304 Not ≙_{Lit}.ii. Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PHILLIPS, R J Street Address (P.O. Box Number is Not Acceptable) 6410 62 ST N PINELLAS PK FL 33781 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Delete TITLE PHILLIPS, RANDALL J NAME STREET ADDRESS 6410 62ND STREET N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL ☐ Change ☐ Delete TITLE PETERS, JOHN C NAME -STREET ADDRESS STREET ADDRESS 2500 GULF BLVD. CITY-ST-ZIP CITY-ST-ZIP **BELLEAIRE BEACH FL 34635** Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete TITLE NAME

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 attackment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

Andall J. Phillys//5/2000 727-544-5176 SIGNATURE: