

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047367

1. Entity Name  
R.J. PHILLIPS INC.

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90019 033 \*\*\*150.00

Principal Place of Business  
3200 PORT ROYAL DR. NORTH  
#1501  
FT. LAUDERDALE FL 33308

Mailing Address  
3200 PORT ROYAL DR. NORTH  
#1501  
FT. LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0501098

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STENGER, RAYMOND  
3200 PORT ROYAL DR. NORTH  
#1501  
FT. LAUDERDALE FL 33308

Name STENGER, RAYMOND

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

6749 GIRALDA CIRCLE

City BOCA RATON, FL Zip Code 33433

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME STENGER, RAYMOND  
STREET ADDRESS 3200 PORT ROYAL DR. NORTH, #1501  
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete

TITLE  
NAME STENGER, RAYMOND ☒ Change ☐ Addition  
STREET ADDRESS 6749 GIRALDA CIRCLE  
CITY-ST-ZIP BOCA RATON, FL, 33433 ☒ Address

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Raymond Stenger RAYMOND STENGER 4-15-01 (561) 477-1558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)