

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082207

1. Entity Name  
PHILLIPS SEAFOOD, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90329 001 \*\*\*150.00

Principal Place of Business  
1225 BELVEDERE ROAD  
WEST PALM BEACH FL 33405  
US

Mailing Address  
1225 BELVEDERE ROAD  
WEST PALM BEACH FL 33405  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

4. FEI Number **65-0534610**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
  
**CHERRY, RICHARD G**  
**1665 PALM BEACH LAKES BLVD**  
**SUITE 600**  
**WEST PALM BEACH FL**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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.

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                      | <b>D</b>                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>PHILLIPS, BRICE R</b>     |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>2004 PHILADELPHIA AVE</b> |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>OCEAN CITY MD 21842</b>   |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <b>D</b>                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>PHILLIPS, SHIRLEY K</b>   |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>2004 PHILADELPHIA AVE</b> |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>OCEAN CITY MD 21842</b>   |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                              |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                              |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                              |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                              |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                              |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                              |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                              |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                              |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                              |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                              |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                              |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                              |                                 | 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: **4/17/01 410 289 6821**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)