

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005369

1. Entity Name

PHILLIPS GULF CORPORATION

Principal Place of Business

8767 115TH AVE N  
LARGO FL 34643

Mailing Address

8767 115TH AVE N  
LARGO FL 34643

2. Principal Place of Business

3837 Northdale Blvd.

Suite, Apt. #, etc.

Suite 354-P

City & State

Tampa, FL

Zip

33624

Country

USA

3. Mailing Address

3837 Northdale Blvd.

Suite, Apt. #, etc.

Suite 354-P

City & State

Tampa, FL

Zip

33624

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3297435

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, BRETT J  
8767 115TH AVE N  
LARGO FL 34643

7. Name and Address of New Registered Agent

Name

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

2804 Smither Rd.

City

Tampa

FL

Zip Code

33618

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PHILLIPS, BRETT J  
CITY-ST-ZIP 8767 115TH AVE N  
LARGO FL 34643

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2804 Smither Rd  
CITY-ST-ZIP Tampa, FL 33618

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Brett J. Phillips* Brett J. Phillips 4-12-01 813-964-7155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0520437

CR2E034 (10/00)