

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90409 026 ***150.00

DOCUMENT # P95000024094

1. Entity Name
E. M. PHILLIPS, INC.



Principal Place of Business
144 1ST AVE. SOUTH
350
SAINT PETERSBURG FL 33701

Mailing Address
144 1ST AVE. SOUTH
350
SAINT PETERSBURG FL 33701



2. Principal Place of Business

100 1ST AVE SOUTH
Suite, Apt. #, etc.
Suite # 350

City & State
ST. PETERSBURG FL

Zip
33701 Country
Pinellas

3. Mailing Address

100 1ST AVE SOUTH
Suite, Apt. #, etc.
Suite # 350

City & State
ST. PETERSBURG, FL

Zip
33701 Country
Pinellas

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3304194**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELMEER, PHILLIP S
722 PINELLAS BAYWAY, SUITE 103
TIERRA VERDE FL 33715

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ELMEER, PHILLIP S ☐ Delete
722 PINELLAS BAYWAY, SUITE 103
TIERRA VERDE FL 33715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ELMEER, ELIZABETH M ☐ Delete
722 PINELLAS BAYWAY, SUITE 103
TIERRA VERDE FL 33715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE:

Philip S. Elmeer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03 787-821-1190
Date Daytime Phone #

CR2E034 (10/02)