

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90143 029 ***150.00

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DOCUMENT # P95000038609

1. Entity Name
PHD & MORE CO.

Principal Place of Business
462 KINGSLEY AVE
SUITE 101
ORANGE PARK FL 32073

Mailing Address
462 KINGSLEY AVE
SUITE 101
ORANGE PARK FL 32073



2. Principal Place of Business

3. Mailing Address

~~273 Country Club Blvd.~~

189 Blanding Blvd.

Orange Park FL

32073 Clay

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3313005**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TOLSON, JOHN F JR.
462 KINGSLEY AVENUE
SUITE 101
ORANGE PARK FL 32073

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.

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, 2002 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 **PD** ☐ Delete
 NAME **DIX, DIANA E**
 STREET ADDRESS ~~273 COUNTRY CLUB BLVD~~
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **189 Blanding Blvd.**
 CITY-ST-ZIP **Orange Park, FL. 32073**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 NAME
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 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:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

904-272-2512

Daytime Phone #

CR2E034 (9/01)