

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90429 012 ***150.00

DOCUMENT # P95000051978

1. Entity Name

PHILLIPS JANITORIAL & LAWN SERVICE, INC.

Principal Place of Business

**2723 KALA LANE
PLANT CITY FL 33565
US**

Mailing Address

**2723 KALA LANE
PLANT CITY FL 33565
US**

2. Principal Place of Business

3643 5TH AVE N

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7994

Suite, Apt. #, etc.

City & State

ST Petersburg FL

City & State

ST Petersburg FL

Zip

33713

Country

USA

Zip

33734

Country

USA

4. FEI Number

65-0596670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, AUBREY
2723 KALA LANE
PLANT CITY FL 33565**

7. Name and Address of New Registered Agent

**Change of
Address
Name: Phillips, Aubrey**

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

425 63rd STREET N

City ST Petersburg

FL

Zip Code 33710

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

4-8-02

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 **D** ☐ Delete
NAME **PHILLIPS, AUBREY**
STREET ADDRESS **2723 KALA LANE**
CITY-ST-ZIP **PLANT CITY FL**

TITLE **D** ☐ Delete
NAME **PHILLIPS, RENA M**
STREET ADDRESS **2723 KALA LANE**
CITY-ST-ZIP **PLANT CITY FL**

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 **D** ☒ Change ☐ Addition
NAME **Phillips, Aubrey**
STREET ADDRESS **425 63rd ST N**
CITY-ST-ZIP **ST. Petersburg FL 33710**

TITLE **D** ☒ Change ☐ Addition
NAME **Phillips, RENA**
STREET ADDRESS **425 63rd ST N**
CITY-ST-ZIP **ST Petersburg FL 33710**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-02 727-322-5550

CR2E034 (9/01)