

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91418 033 \*\*\*150.00

**DOCUMENT # P95000051978**

**1. Entity Name**  
**PHILLIPS JANITORIAL & LAWN SERVICE, INC.**



**Principal Place of Business**

**2642 5TH AVENUE NORTH**  
**SAINT PETERSBURG FL 33719**  
**US**

**Mailing Address**

**P.O BOX 7994**  
**SAINT PETERSBURG FL 33734**  
**US**

**2. Principal Place of Business**

**3320 122ND AVE N**

**3. Mailing Address**

**P.O. Box 7994**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St Petersburg FL**

City & State

**St. Petersburg FL**

Zip

Country

Zip

Country

**33716**

**US**

**33734**

**US**



☒ CHECK HERE IF MAKING CHANGES

**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**

**7. Name and Address of New Registered Agent**

**PHILLIPS, AUBREY**

**425 63RD STREET NORTH**

**SAINT PETERSBURG FL 33710**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PHILLIPS, AUBREY**  
CITY-ST-ZIP **425 63RD STREET NORTH**  
**SAINT PETERSBURG FL 33710**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PHILLIPS, RENA M**  
CITY-ST-ZIP **425 63RD STREET NORTH**  
**SAINT PETERSBURG FL 33710**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**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, with all other like empowered.**

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-24-03 TAT**

CR2E034 (10/02)