## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 03, 2000 8:00 am Secretary of State DOCUMENT # **P96000005606** PHILLIPS & MORRIS, P.A. 04-03-2000 90132 033 \*\*\*150.00 Mailing Address Principal Place of Business 7310 GULF BLVD. 7310 GULF BLVD. ST. PET BEACH FL 33706-1948 ST. PET BEACH FL 33706 UUUWIU 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3361079 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHILLIPS, JOHN R JR. Street Address (P.O. Box Number is Not Acceptable) 7310 GULF BLVD. ST. PET BEACH FL 33706 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition D TITLE TITLE □ Delete NAME NAME PHILLIPS, JOHN R JR. STREET ADDRESS STREET ADDRESS 7310 GULF BLVD. CITY-ST-ZIP CITY-ST-ZIP ST. PET BEACH FL 33706 Change ☐ Addition □ Delete TITLE TITLE NAME MORRIS, KEVIN J STREET ADDRESS STREET ADDRESS 7310 GULF BLVD. CITY-ST-ZIP CITY-ST-ZIP ST. PET BEACH FL 33706 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MANY PA. Date Daytime Phone #

☐ Addition

Change