

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 an  
Secretary of State

02-08-2000 90151 047 \*\*\*150.00

DOCUMENT # P96000083593

1. Entity Name

R & R PHILLIPS CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

5379 BLACKGATE ROAD  
MILTON FL 32583

5379 BLACKGATE ROAD  
MILTON FL 32583-5381

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3403098

Applied  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, RUTH  
5379 BLACKGATE ROAD  
MILTON FL 32583

7. Name and Address of New Registered Agent

Name Phillips Rex A  
Street Address (P.O. Box Number is Not Acceptable)

5379 Blackgate Rd  
City Milton FL Zip Code 32583

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 Rex A Phillips Rex A Phillips P/C 1-25-00  
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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** may Added to F

11. OFFICERS AND DIRECTORS

TITLE	VST	<input type="checkbox"/> Delete
NAME	PHILLIPS, REX A.	
STREET ADDRESS	5379 BLACKGATE RD	
CITY-ST-ZIP	MILTON FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PHILLIPS, RUTH	
STREET ADDRESS	5379 BLACKGATE RD	
CITY-ST-ZIP	MILTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Phillips Rex A	
STREET ADDRESS	5379 Blackgate Rd	
CITY-ST-ZIP	Milton FL	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Phillips Ruth	
STREET ADDRESS	5379 Blackgate Rd	
CITY-ST-ZIP	Milton FL	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	Phillips Rex Jr	
STREET ADDRESS	5379 Blackgate Rd	
CITY-ST-ZIP	Milton FL	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Bonnette Heather	
STREET ADDRESS	7229 Diana St	
CITY-ST-ZIP	Milton FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rex A Phillips Rex A Phillips 1-25-00 623-187  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #