2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083593

1. Entity Name

R & R PHILLIPS CONSTRUCTION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Attention Amendment
Amended 00 MAY 24 Report 2:39

00 MAY 24 PM 2:39
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3403098

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 Ruth Phillips

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

5379 Blackgate Rd.

City Milton Fl. 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 Ruth Phillips (Signature, typed or printed name of registered agent and title if applicable) Ruth Phillips (NOTE: Registered Agent signature required when reinstating) 5/23/00 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 Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VST	☐ Delete
NAME	PHILLIPS, REX A.	
STREET ADDRESS	5379 BLACKGATE RD	
CITY-ST-ZIP	MILTON FL	
TITLE	P	☐ Delete
NAME	PHILLIPS, RUTH	
STREET ADDRESS	5379 BLACKGATE RD	
CITY-ST-ZIP	MILTON FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: Ruth Phillips Ruth Phillips 5/23/00 850-623-1877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #