

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90370 007 ***150.00

DOCUMENT # P96000083593

1. Entity Name

R & R PHILLIPS CONSTRUCTION, INC.

Principal Place of Business

**5379 BLACKGATE ROAD
 MILTON FL 32583**

Mailing Address

**5379 BLACKGATE ROAD
 MILTON FL 32583**

2. Principal Place of Business

5229 HWY 87 SOUTH

Suite, Apt. #, etc.

3. Mailing Address

5229 HWY 87 SOUTH

Suite, Apt. #, etc.

City & State

MILTON FL.

City & State

MILTON FL.

Zip

32583

Country

SANTA ROSA

Zip

32583

Country

SANTA ROSA

4. FEI Number

59-3403098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, REX A
 5379 BLACKGATE RD
 MILTON FL 32583**

7. Name and Address of New Registered Agent

Name

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

7280 HAYLO DR.

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 Sr

Rex A Phillips Sr

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, 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 **VSTD** ☐ Delete
 NAME **PHILLIPS, REX A**
 STREET ADDRESS **5379 BLACKGATE ROAD**
 CITY-ST-ZIP **MILTON FL 32583**

TITLE **P** ☐ Delete
 NAME **PHILLIPS, REX A SR**
 STREET ADDRESS **5379 BLACKGATE ROAD**
 CITY-ST-ZIP **MILTON FL 32583**

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 ☐ 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

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 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:

Rex A Phillips Sr

4/12/02

Date

850-336-2746

Daytime Phone #

CR2E034 (9/01)