

**2001 UNIFORM BUSINESS REPORT (UBR)**

8

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

08-06-2001 90003 031 \*\*\*150.00

<b>DOCUMENT # P97000010365</b>			
1. Entity Name <b>J PHILLIP APPAREL, INC.</b>			
Principal Place of Business <b>2170 17 STREET SARASOTA FL 34234</b>		Mailing Address <b>2170 17 STREET SARASOTA FL 34234</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>ADLER, JONATHAN P 4634 HIDDEN VIEW PLACE SARASOTA FL 34235</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADLER, JONATHAN P</b>	NAME	
STREET ADDRESS	<b>4634 HIDDEN VIEW PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>D James Sherman</b>
STREET ADDRESS		STREET ADDRESS	<b>3807 Lubec Ave</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>North Port, FL 34286</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <b>SIGNATURE REQUIRED</b>		Date: <b>7-6-01</b> Daytime Phone #: <b>941-954-8933</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

Attachment # T97000010365



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Dept of State, 7/6/01

Again as last year, I first received this form tardy and did not receive the form to file on time. The address is correct & I received only the second forms 2 years in a row. Please allow as last year the normal filing fee of \$150.00

Thank you,  
J. Adler, Pres