2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000021298 **DOCUMENT #**



Secretary of State 05-01-2003 90758 012 ***150.00

May 01, 2003 8:00 am

1.	Entity Name	
D.	M. PHILLIPS TRANSPORT, INC.	

Principal Place of Business Mailing Address

POST OFFICE BOX 120402 1520 BOTTLEBRUSH DR., STE 3B PALM BAY FL 32905 WEST MELBOURNE FL 32912 3. Mailing Address 900 S. HARbor City BLIN Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES #204 4. FEI Number 59-3438595 Applied For City & State Not Applicable Żip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PHILLIPS, DENIS 1520 BOTTLEBRUSH DR., STE 3B PALM BAY FL 32905 The above named entity submits this statement for the purpose of changing its registered office or registe the obligations of registered agent. ed agent, or both, in the State of Florida. I am familiar with, and accept *4-28-03* SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when re FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE TITLE & Change Addition PHILLIPS, DENNIS Phillips, Denis NAME NAME HARBOR CITY BIVD 876 REMSEN AVENUE N.W. STREET ADORESS STREET ADDRESS 3. PALM BAY FL 32907 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition PHILLIPS, BETSEY NAME NAME 876 REMSEN AVENUE N.W. STREET ADORESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition PHILLIPS, DARREN NAME NAME 876 REMSEN AVENUE N.W. STREET ADDRESS STREET ADDRESS Palm bay Fl 32907 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition PHILLIPS, JESSICA NAME NAME 876 REMSEN AVENUE N.W. STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-7LP

CITY-ST-ZIP

Delete

enis M. Phillips

Change

☐ Addition