

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91794 030 ***150.00

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DOCUMENT # P97000048351

1. Entity Name
PHILLIPPE ESTATES, INC.



Principal Place of Business
**6880 46 AVENUE N
SUITE 240
SAINT PETERSBURG FL 33709
US**

Mailing Address
**P.O. BOX 10007
LARGO FL 33773
US**



2. Principal Place of Business
8098 91 Terrace North P.O. Box 10007

3. Mailing Address
P.O. Box 10007

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
St Petersburg FL

City & State
Largo FL

4. FEI Number
59-3452808

Applied For
Not Applicable

Zip
33773

Country
USA

Zip
33773

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REED, JOHN W
9000 94 AVENUE N
SEMINOLE FL 33773**

Name
Reed, John W
Street Address (P.O. Box Number is Not Acceptable)
8098 91st Terrace North
City
St. Petersburg FL **33773**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John W Reed

4/30/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REED, JOHN W
9000 94 AVENUE N
SEMINOLE FL 33777**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Reed, John W
8098 91st Terrace North
St Petersburg FL 33773**

TITLE
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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.

SIGNATURE:

John W Reed

4/30/03

541-7472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)