

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2000 8:00 am**  
**Secretary of State**

06-13-2000 90003 023 \*\*\*150.00

DOCUMENT # P97000095605  
 1. Entity Name  
 PHIL-AM CORPORATION

Principal Place of Business Mailing Address  
 1701 COACHMAN PLAZA DR  
 CLEARWATER, FL 33759-1905 / SAME  
 US

2. Principal Place of Business Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number 59-3476247  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00063899

6. Name and Address of Current Registered Agent  
 EDWIN C. OSTRAND  
 1701 COACHMAN PLAZA DR  
 CLEARWATER, FL 33759-1905

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 PD  
 NAME EDWIN C. OSTRAND, JR  
 STREET ADDRESS 1701 COACHMAN PLAZA DR  
 CITY-ST-ZIP CLEARWATER, FL 33759-1905  
 TITLE VD  
 NAME EVELYN D. OSTRAND  
 STREET ADDRESS 1701 COACHMAN PLAZA DR  
 CITY-ST-ZIP CLEARWATER, FL 33759-1905

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE  
 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: EDWIN C. OSTRAND, JR 6-800 727-791-1390  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)