## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P9800007834 1. Entity Name DRENNAN & PHILLIPS GROUP, INC. 04-04-2001 90015 022 \*\*\*150.00 Mailing Address Principal Place of Business 1015 DEERWOOD PARK 1015 DEERWOOD PARK BLDG. 100 SUITE130 BLDG, 100 SUITE130 737479 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3485941 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PHILLIPS, CHARLES Street Address (P.O. Box Number is Not Acceptable) 10151 DEERWOOD PARK BLVD. BLDG. 100, SUITE 130 JACKSONVILLE FL 32256 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE TITI F PHILLIP, CHARLES NAME NAME STREET ADDRESS 10151 DEERWOOD PARK BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 Change ☐ Addition TITLE ☐ Delete TITLE PHILLIP, BETTY NAME NAME STREET ADDRESS 10151 DEERWOOD PARK BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 TITLE Change Addition Delete ---TITLE . DRENNAN, LARRY NAME NAME STREET ADDRESS 110 PINE TERRACE STE 2-C STREET ADDRESS CITY-ST-ZIP HOT SPRINGS NATIONAL AR 71901 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE DRENNAN, MICKEY NAME NAME STREET ADDRESS STREET ADDRESS 110 PINE TERRACE STE 2-C CITY-ST-7IP CITY-ST-ZIP HOT SPRINGS NATIONAL AR 71901 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 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

BOTTS Q. PLILES

SIGNATURE MIND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01

904.642-7001

Daytime Phone #