

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000025245**1. Entity Name  
PHILLIPS BAY REALTY, INC.

## Principal Place of Business

7605 BAY PORT RD.

ORLANDO

32819

FL

## Mailing Address

7512 DR PHILLIPS BLVD

SUITE 50-335

ORLANDO

32819

FL

## 2. Principal Place of Business

6860 GULFPORT BLVD.

## 3. Mailing Address

6860 GULFPORT BLVD.

Suite, Apt. #, etc.

SUITE 134

Suite, Apt. #, etc.

SUITE 134

City &amp; State

ST. PETERSBURG

FL

City &amp; State

ST. PETERSBURG

FL

Zip

33707

Country

Zip

33707

Country

## 4. FEI Number

59-3497977

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SCOTT DAVID N

7512 DR PHILLIPS BLVD

SUITE 50-335

ORLANDO

32819

US

FL

## 7. Name and Address of New Registered Agent

Name

SCOTT DAVID N

Street Address (P.O. Box Number is Not Acceptable)

6860 GULFPORT BLVD

SUITE 134

City

ST. PETERSBURG

FL

Zip Code

33707

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 \_\_\_\_\_ DATE **05/01/2001**

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, 2001 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 D ☐ Delete  
NAME SCOTT DAVID N  
STREET ADDRESS 7512 DR PHILLIPS BLVD SUITE 50-335  
CITY-ST-ZIP ORLANDO FL 32819TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME SCOTT DAVID N  
STREET ADDRESS 6860 GULFPORT BLVD., SUITE 134  
CITY-ST-ZIP ST. PETERSBURG FL 33707TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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: David N. Scott

D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)