2002 UNIFORM BUSINESS REPORT (UBR)

Jul 09, 2002 8:00 am Secrétary of State P98000080157 DOCUMENT # 1. Entity Name 07-09-2002 90027 025 ***150.00 ELLEN D. PHILLIPS, P.A. Principal Place of Business Mailing Address BAIRIAN 233 E RICH AVE 233 E RICH AVE DÉLAND FL 32724 DELAND FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3533061 Not Applicable Zip Country Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CEELY, MARY E Street Address (P.O. Box Number is Not Acceptable) 233 E RICH AVE **DELAND FL 32724** City 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750,00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE ☐ Delete TITLE ☐ Addition NAME PHILLIPS, ELLEN D NAME STREET ADDRESS 233 E RICH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

ELLEN D. PHILLIPS, P.A.

233 East Rich Avenue DeLand, Florida 32724 (904) 734-2131 Facsimile: (904) 738-5908

Ellen D. Phillips

Mary Ellen Ceely, of counsel

July 2, 2002

Jehmard

Division of Corporations Uniform Business Report Filings Post Office Box 1500 Tallahassee, Florida 32302-1500

RE: Document #P98000080157

To Whom It May Concern:

We recently received the subject document which indicates a late charge. This office never received any prior notification and, respectfully, request the penalty charge be waived. I am enclosing a check in the amount of \$150.00, along with the executed report.

Thanking you in advance for your consideration of this request.

Sincerely,

ELLEN D. PHILLIPS, P.A.

Ear & Philips Ellen D. Phillips

Attorney