

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000179

1. Entity Name

PHILLIPS CONTRACTING, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90155 046 ***150.00

Principal Place of Business

18254 ARAPAHOE CIRCLE
 PORT CHARLOTTE FL 33948

Mailing Address

18254 ARAPAHOE CIRCLE
 PORT CHARLOTTE FL 33952-9137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3275 SAND ROAD (G.P.)

Suite, Apt. #, etc.

3275 SAND ROAD (G.P.)

CAPE CORAL, FL

CAPE CORAL, FL

Zip 33993

Country USA

Zip 33993

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0884852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, GREGORY S
 18254 ARAPAHOE CIRCLE
 PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name PHILLIPS, Gregory S.

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

3275 SAND ROAD (G.P.)

City CAPE CORAL, FL

FL

Zip Code 33993

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-00

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, GREGORY S
STREET ADDRESS	3275 SAND ROAD
CITY-ST-ZIP	CAPE CORAL, FL 33993
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

(941) 283-0311

Daytime Phone #