

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000179

1. Entity Name

PHILLIPS CONTRACTING, INC.

Principal Place of Business

3275 SAND ROAD  
CAPE CORAL FL 33993

Mailing Address

3275 SAND ROAD  
CAPE CORAL FL 33993

2. Principal Place of Business

2351 PILGER AVE

Suite, Apt. #, etc.

3. Mailing Address

2351 PILGER AVE

Suite, Apt. #, etc.

City & State

NORTH PORT FL

City & State

NORTH PORT FL

Zip

34287

Country

USA

Zip

34287

Country

USA

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  
3275 SAND ROAD  
CAPE CORAL FL 33993

7. Name and Address of New Registered Agent

Name

PHILLIPS, GREGORY S.

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

2351 PILGER AVE.

City

NORTH PORT

FL

Zip Code

34287

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

*Gregory S. Phillips*

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

(NOTE: Registered Agent signature required when reinstating)

3/22/01

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	PD	<input type="checkbox"/> Delete
NAME	PHILLIPS, GREGORY S	
STREET ADDRESS	3275 SAND ROAD	
CITY-ST-ZIP	CAPE CORAL FL 33993	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, GREGORY S.	
STREET ADDRESS	2351 PILGER AVE	
CITY-ST-ZIP	NORTH PORT FL 34287	
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:

*Gregory S. Phillips*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01

Date

Daytime Phone #

FILED  
Mar 27, 2001 8:00 am  
Secretary of State

03-27-2001 90045 017 \*\*\*150.00

00038033



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)