

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90238 026 ***150.00

DOCUMENT # **P99000003341**

1. Entity Name **PHILIP'S MANAGEMENT SERVICES, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

299 NW 52nd TERRACE

3. Mailing Address

299 NW 52nd TERRACE

Suite, Apt. #, etc.

419

Suite, Apt. #, etc.

419

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-1000163

Applied For

Not Applicable

Zip

33487

Country

**USA
PALM BEACH**

Zip

33487

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **PHILIP A. PANTANO**

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

299 NW 52nd TER #419

City

BOCA RATON

FL

Zip Code

33487

**DO NOT WRITE
IN THIS SPACE**

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 **Philip A. Pantano**

PHILIP A. PANTANO

4-20-02

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT/TRESURER**
NAME **PHILIP A. PANTANO**
STREET ADDRESS **299 NW 52nd TER #419**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **DIRECTOR**
NAME **PHYLLIS M. PANTANO**
STREET ADDRESS **299 NW 52nd TER #419**
CITY-ST-ZIP **BOCA RATON, FL 33487**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Philip A. Pantano** **PHILIP A. PANTANO**

4-20-02 561-994-2042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)