## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000013265

1. Entity Name

## PHILLIPS REALTY AND AUCTION COMPANY

Country

Principal Place of Business

Mailing Address

3. Mailing Address

33743-8606

###### 140TH AVE. NORTH STE. 101 CLEARWATER FL 33762

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

4500 140TH AVE. NORTH STE. 101 CLEARWATER FL 33762-3848

0.Box 48604

FILED

Apr 28, 2000 8:00 am Secretary of State

04-28-2000 90134 047 \*\*\*158.75

Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

Name and Address of New Registered Agent

## 6. Name and Address of Current Registered Agent PHILLIPS, JOHN R Street Address (P.O. Box Number is Not Acceptable) 1801 KARLETION PLACE SOUTH ST. PETERSBURG FL 33743-8606 2401-52 AUENUE North 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. required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. Change **PSTD** 4 T29 ☐ Addition TITLE TITLE ☐ Delete Phillips, John R. PHILLIPS! JOHN R MAME 2401 - 52 AVENUE NORTH STREET ADDRESS 1801 KARLETION PLACE SOUTH STREET ADDRESS 51. Petrasbung, FL. 33714 CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL 33712 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Country A