2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051483 May 17, 2000 8:00 am Secretary of State 1. Entity Name BARRY AND SUSAN PHILLIPS, P.A. 05-17-2000 90943 038 ***150.00 Principal Place of Business Mailing Address SOUTHSIDE BOULEVARD 10308 SOUTHSIDE BOULEVARD JC PENNY OPTICAL AVENUES MALL PENNY OPTICAL AVENUES MALL MOKSONVILLE FL 32256 JACKSONVILLE FL 32256-0706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 3581 City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA-AVENUE CORAL GABLES FL 33134 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 BARRY Phillips, president (NOTE: Registered Agent signature required when reinstating) nt and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS PTD ☐ Addition ☐ Change □ Delete TITLE PHILLIPS, BARRY D NAME NAME 10308 SOUTHSIDE BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32256 SVD --☐ Change ☐ Addition ☐ Delete TITLE TITLE PHILLIPS, SUSAN B NAME 10308 SOUTHSIDE BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jacksonville Fl 32256 CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 path; 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. 704-448-508

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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