2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P99000068720 1. Entity Name PHILRICH INTERNATIONAL LOCKS, BRAIDS, & WEAVES S 05-10-2001 90225 034 ***150.00 Principal Place of Business Mailing Address 1255 N PINE HILLS ROAD 1255 N-PINE-HILLS ROAD ORLANDO FL-92000-ORLANDO FL 92008 LUUDSBI 2. Principal Place of Business Edgewater Drive Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number - 59-2808084 City & State State Applied For 19ndo 59-3591065 rando Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Orange nrange Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLEN, RICHARD G Box Number is Not Acceptable) 1255 N PINE HILLS ROAD ge<u>water</u> ORLANDO FL 32808 City 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 - (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 11. 12. ■ Addition TITLE ☐ Delete TITLE ALLEN, PHYLLIS L NAME 07348 Begion Hill Loop Orlando, FL. 32818 STREET ADDRESS (1253 N-PINE HILLS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 Addition Delete TITLE TITLE ALLEN, RICHARD G 7348 Beacon Hill Loop Apt Orlando, FL 32918 NAME NAME STREET ADDRESS 4250 N PINE HILLS RD STREET ADDRESS CITY-ST-7IP ORLANDO FL 32608 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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.