

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06852

1. Entity Name

STEPHEN R. PHILLIPS P.A.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90006 034 ***150.00

Principal Place of Business

SUITE 1505 NATIONS BANK TOWER
 1555 PALM BEACH LAKES BLVD
 WEST PALM BEACH FL 33401
 US

Mailing Address

1555 PALM BEACH LAKES BLVD
 SUITE 501 NATIONS BANK TOWER
 WEST PALM BEACH FL 33401-2323
 US

2. Principal Place of Business

301 Clematis Street

3. Mailing Address

301 Clematis Street

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

West Palm Beach

City & State

West Palm Beach

Zip

33401

Country

Zip

33401

Country

4. FEI Number

65-0308054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, STEPHEN R.
 SUITE 1501 NATIONS BANK TOWER
 1555 PALM BEACH LAKES BLVD
 WEST PALM BEACH FL 33401

Name

SAME

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

301 Clematis Street
 Suite 200

City

West Palm Beach

FL

Zip Code

33401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTSD
 PHILLIPS, STEPHEN R.
 12796 MEADOWBREEZE DRIVE
 W. PALM BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen R. Phillips 4/28/00 (561) 655-1012

CR2E034 (9/99)