


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90071 014 ***550.00

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DOCUMENT # V26653	
1. Entity Name PARRY PHILLIPS, P.A.	

Principal Place of Business 4469 N. STATE RD. 7 LAUDERDALE LAKES FL 33319 US	Mailing Address 4469 N. STATE RD. 7 LAUDERDALE LAKES FL 33319 US
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2. Principal Place of Business 4481 N. State RD. 7 Suite, Apt. #, etc. # Suite 1	3. Mailing Address 4481 N. State RD 7 Suite, Apt. #, etc. Suite 1
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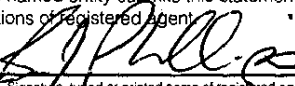
☐ CHECK HERE IF MAKING CHANGES

City & State Lauderdale Lakes	City & State Lauderdale Lakes
Zip 33319	Country USA

4. FEI Number 65-0323309	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
PHILLIPS, BRINEL JOY LAKES TOWN CENTER 4469 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 7/26/03

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, BRINEL JOY 4469 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHILLIPS, DAVID P. 4469 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	7/26/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (4/03)