

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90283 048 ***150.00

0310031

DOCUMENT # V48747

1. Entity Name
WILLIAM C. PHILLIPPI, P.A.

Principal Place of Business 500 E BROWNS BLVD #1130 FT LAUDERDALE FL 33394 US	Mailing Address 2831 NE 9TH COURT POMPANO BEACH FL 33062-210 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
500 E. Broward Blvd.

3. Mailing Address

Suite, Apt. #, etc.
#1130

Suite, Apt. #, etc.

City & State
Ft. Lauderdale FL

City & State

4. FEI Number **65-0352978**

Applied For
 Not Applicable

Zip **33344** Country **U.S.A.**

Zip Country

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

**PHILLIPPI, WILLIAM C
 2831 N E 9TH COURT
 POMPANO BEACH FL 33062**

Name
 Street Address (P.O. Box Number is Not Acceptable)
1106 Little Harbor Drive
 City **Deerfield Beach** FL Zip Code **33441**

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 *William C. Phillippi* *William C. Phillippi* *4/21/01*
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS PHILLIPPI, WILLIAM C 2831 NE 9TH COURT POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS Phillippi, William C. 1106 Little Harbor Drive Deerfield Beach, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *William C. Phillippi, William C. Phillippi, President* *4/21/01* *954-764-7060*
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)