

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90563 035 ***150.00

DOCUMENT # P97000068395

1. Entity Name
TAYLOR-RAE, INC.

Principal Place of Business
312 E VENICE AVE. SUITE #122
VENICE FL 34292-2621

Mailing Address
312 E VENICE AVE. SUITE #122
VENICE FL 34292-2671

2. Principal Place of Business
528 Capistrano Rd

3. Mailing Address
P.O. Box 1643

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NOKomis, FL

City & State
NOKomis, FL

4. FEI Number **65-0769432**

Applied For
 Not Applicable

Zip **34275**

Country **USA**

Zip **34274-1643**

Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOGARTH, RONALD
312 E VENICE AVE
STE 120
VENICE FL 34292

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PT CAPASSO, DAVID 312 E VENICE AVE, SUITE #122 VENICE FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 528 Capistrano Rd Nokomis, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CAPASSO, K. LISA 312 E VENICE AVE, SUITE #122 VENICE FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 528 Capistrano Rd Nokomis, FL 34275
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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: **4-28-00 9414849133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)