CR2E034 (9/01

**FILED** 

## 2002 Uniform Business Report (UBR)

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 09, 2002 8:00 am Secretary of State DOCUMENT # 538015 1. Entity Name 04-09-2002 90015 048 \*\*\*150.00 TAYLOR, LAWLESS AND SINGER, P.A. Principal Place of Business Mailing Address 1 SOUTH SCHOOL AVENUE 1 SOUTH SCHOOL AVENUE SUITE 700 SUITE 700 SARASOTA FL 34237 SARASOTA FL 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1746807 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, RICHARD J. Street Address (P.O. Box Number is Not Acceptable) 1 SOUTH SCHOOL AVE SARASOTA FL 34239 Zip Code FL 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Change ☐ Addition PD Delete NAME TAYLOR, RICHARD J. NAME STREET ADDRESS STREET ADDRESS 7317 CRAPE MYRTLE WAY CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP VD Change ☐ Delete TITLE Addition VD LAWLESS, DOUGLAS P.. NAME NAME Lawless, Douglas P STREET ADDRESS 6500 Virginia Crossing STREET ADDRESS 301 ARCHIBALD AVE 34201 CITY-ST-ZIP CiTY-ST-7IP SARASOTA-FL Change ☐ Addition TITLE Delete TITLE TSD 💀 SingER. MATH D NAME NAME singer. Mark D. STREET ADDRESS STREET ADDRESS 1203 COACHlight Street <del>2602 Starling Lane</del> CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL. 5AM350114 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME fournier, Robert M STREET ADDRESS STREET ADDRESS 4405 BEAUCHAMP COURT CITY-ST-ZIP CITY-ST-ZiP SARASOTA FL 34235 □ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 supplied ental 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 receive 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, the all other like empowered.