

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91193 002 \*\*\*550.00

**DOCUMENT # F22480**  
1. Entity Name  
**TAYLOR, DAY & CURRIE, P.A.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>50 North Laura Street</b>		3. Mailing Address <b>50 North Laura Street</b>	
Suite, Apt. #, etc. <b>Suite 3500</b>		Suite, Apt. #, etc. <b>Suite 3500</b>	
City & State <b>Jacksonville, Florida</b>		City & State <b>Jacksonville, Florida</b>	
Zip <b>32202</b>	Country <b>US</b>	Zip <b>32202</b>	Country <b>US</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>592070298</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>Stephen E. Day</b>
Street Address (P.O. Box Number is Not Acceptable) <b>50 North Laura Street</b>
<b>Suite 3500</b>
City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32202</b>

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 \_\_\_\_\_ (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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE <b>DP</b>	NAME <b>Day, Stephen E.</b>	STREET ADDRESS <b>50 North Laura St., Suite 3500</b>	CITY-ST-ZIP <b>Jacksonville, FL 32202</b>
TITLE <b>DV</b>	NAME <b>Taylor, John C., Jr.</b>	STREET ADDRESS <b>50 North Laura St., Suite 3500</b>	CITY-ST-ZIP <b>Jacksonville, FL 32202</b>
TITLE <b>DT</b>	NAME <b>Currie, Brian E.</b>	STREET ADDRESS <b>50 North Laura St., Suite 3500</b>	CITY-ST-ZIP <b>Jacksonville, FL 32202</b>
TITLE <b>DAT</b>	NAME <b>Roebuck, Raymond L.</b>	STREET ADDRESS <b>50 North Laura St., Suite 3500</b>	CITY-ST-ZIP <b>Jacksonville, FL 32202</b>
TITLE <b>DS</b>	NAME <b>Boyd, Christopher P.</b>	STREET ADDRESS <b>50 North Laura St., Suite 3500</b>	CITY-ST-ZIP <b>Jacksonville, FL 32202</b>
TITLE <b>DAS</b>	NAME <b>Grimm, Reed W.</b>	STREET ADDRESS <b>50 North Laura St., Suite 3500</b>	CITY-ST-ZIP <b>Jacksonville, FL 32202</b>

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Christopher P. Boyd**      05/30/02      904-356-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034B (12/01)