2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F98000003422 **DOCUMENT #**

1. Entity Name
TAYLOR MADE SYSTEMS BRADENTON, INC.



FILED F1LED
Feb 25, 2003 8:00 am
Secretary of State
02-25-2003 90136 032 ***150.00

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Principal Place of Business 1900 47TH TERRACE EAST BRADENTON FL 34203		Mailing Address 66 KINGSBORO AVENUE GLOVERSVILLE NY 12078			1				
2. Principal f	Place of Business	3	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\dashv	П снеск неве	E IE MAKING I	THANGES		
City & State			City & State		4. F	4. FEI Number 14-1805560			pplied For
Zip		Country	Zip	Country	5. (Dertificate of Status Desired		8.75 Ac	
	C Nome and	4 4 4 4 4 4 4 6	15	<u> </u>			F	ee Requir	ed
	o. Name and	Address of Currer	nt Registered Agent	Name -	7. N	lame and Address of New	Registered Ac	jent	
C T CORP	PORATION SYS	TFM		I Name		1	-		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Addres	ss (P.O. Bo	ox Number is Not Acceptabl	e)		
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PLANIAII	ON FL 33324								
				City		• •	FL	Zip Cod	
8. The above the obligat	e named entity su tions of registered	bmits this statement agent.	for the purpose of changing its	registered office or regis	stered age	ent, or both, in the State of Fi	orida. I am fai	miliar with,	and accept
CICNIATUDE		,							
SIGNATURE .	Signature, typed or pri	nted name of registered age	nt and title if applicable. (NOTE	Registered Agent signature requ	ired when rei	nstating)	DATE		
	ILE MONVILLE								
After Make Check	r May 1, 2003 F	EE IS \$150.00 Fee will be \$550.00 orida Department	of State			9. Election Campaign Fi Trust Fund Contribution	on. 🛚	Adde	May Be to Fees
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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:

Musting CHPSECLETARY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #