

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J49893

1. Entity Name

W. FORREST TAYLOR, D.D.S., INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O W. FORREST TAYLOR
234 E JEFFERSON STR
QUINCY FL 32351
US

Mailing Address

C/O W. FORREST TAYLOR
234 EAST JEFFERSON ST.
QUINCY FL 32351-2427
US

Change mailing address

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

W. FORREST TAYLOR, D.D.S.

229 E. KING ST.

Quincy Florida

32351

U S

4. FEI Number

59-2751807

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number, is Not Acceptable)

City

FL

Zip Code

TAYLOR, W. FORREST
234 EAST JEFFERSON STREET
QUINCY FL 32351

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

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	PST TAYLOR, W. FORREST 234 EAST JEFFERSON ST. QUINCY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, W. FORREST 234 EAST JEFFERSON ST. QUINCY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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 changes empowered.

SIGNATURE:

W. Forrest Taylor DDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-2000 1-850-627-6945