

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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AF

DOCUMENT # L00000010136

1. Entity Name  
TAYLOR, WAINIO & BRATIC FINANCIAL SERVICES, L.L.

01 APR 20 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
100 SOUTHPARK BOULEVARD, SUITE 414  
ST AUGUSTINE FL 32086

Mailing Address  
100 SOUTHPARK BOULEVARD, SUITE 414  
ST AUGUSTINE FL 32086



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip Country Zip Country

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

TAYLOR, DAIL A  
100 SOUTHPART BOULEVARD, SUITE 414  
ST AUGUSTINE FL 32086

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

## 10. ADDITIONS/CHANGES

|  |   |  |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>TAYLOR, DAIL A<br>100 SOUTHPARK BOULEVARD, SUITE 414<br>ST AUGUSTINE FL 32086 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 000004084880-0000<br>-04/27/01--01049--014<br>*****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WAINIO, FREDRICK J JR<br>100 SOUTHPARK BOULEVARD, SUITE 414<br>ST AUGUSTINE FL 32086 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Dail A Taylor, Managing Member*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/01 (904) 829-9075  
Date Daytime Phone #

CR2E083 (11/00)