

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000173

1. Entity Name

JOSEPH C. TAYLOR, P.A.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90010 031 ***150.00

Principal Place of Business

Mailing Address

~~6002 E. BOCA RATON DR.
BOCA RATON FL 33433~~

~~6002 E. BOCA RATON DR.
BOCA RATON FL 33433~~

Place of Business

Mailing Address

23275 Alora Dr.
Suite,:

23275 Alora Dr.
Suite, Apr:

City & State

Boca Raton

City & State

Boca Raton

Zip

FL

Country

33433

Zip

FL

Country

33433

4. FEI Number

65-1079853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Cur.

Registered Agent

TAYLOR, JOSEPH C

~~6002 E. BOCA RATON DR.~~

BOCA RATON FL 33433

23275 Alora Dr.

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. The above named entity makes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, to be signed by the owner 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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, JOSEPH C	
STREET ADDRESS	6002 E. BOCA RATON DR. 23275 Alora Dr.	
CITY-ST-ZIP	BOCA RATON FL 33433 Boca Raton FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph C. Taylor

2/20/01

Date

954-520-1018

Daytime Phone #

CR2E034 (10/00)

0015835