

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90052 049 ***150.00

DOCUMENT # P01000085956

1. Entity Name
A & R, SISTERS INC.

Principal Place of Business

**2734 SW 28TH AVE
 CAPE CORAL FL 33914**

Mailing Address

**2734 SW 28TH AVE
 CAPE CORAL FL 33914**

2. Principal Place of Business

1710 WADE DRIVE

3. Mailing Address

1710 WADE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

4. FEI Number

65-1134411

Applied For

Not Applicable

Zip
33991

Country
USA

Zip
33991

Country
USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, MARCIA L
 2734 SW 28TH AVE.
 CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

Name
MARCIA L TAYLOR

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

1710 WADE DRIVE

City
CAPE CORAL

FL

Zip Code
33991

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, 2002 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P MARCIA L TAYLOR
 1710 WADE DRIVE
 CAPE CORAL, FL 33991**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP 1st
 ROBYN L TAYLOR
 1710 WADE DRIVE
 CAPE CORAL, FL 33991**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP 2nd
 ANDREA R TAYLOR
 1710 WADE DRIVE
 CAPE CORAL, FL 33991**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Sec.
 HELEN LEVINRAD
 8300 MC CULLOUGH LN # 101
 GAITHERSBURG, MD 20877**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Tres.
 EDWARD D TAYLOR
 1710 WADE DRIVE
 CAPE CORAL, FL 33991**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

MARCIA L TAYLOR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcia L. Taylor 4-29-02 282-9512
 Date Daytime Phone #

CR2E034 (9/01)