FILED
Jul 24, 2002 8:00 am
Secretary of State
05-06-2002 90146 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000097836

1. Entity Name: Hal Taylorson PA

DO NOT WRITE IN THIS SPACE

[redacted]

2. Principal Place of Business	3. Mailing Address
4779 Collins Ave	4779 Collins Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach	City & State: Miami Beach
Zip: 33140 Country: USA	Zip: 33140 Country: USA

DO NOT WRITE IN THIS SPACE: 80-0030956

4. FEI Number: 80-0030956 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Hal Taylorson

Street Address (P.O. Box Number is Not Acceptable): 4779 Collins Ave

City: Miami Beach FL Zip Code: 33140

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 ____________________

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back) ☒

January 1 – May 1, Fee is $150.00. After May 1, Fee is $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PIS/T/D Hal Taylorson 4779 Collins Ave Miami Beach Fl 33140	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E049 (12/01)

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/27/02 305-[illegible]-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #