

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91897 015 ***150.00

05/3896 AV

DOCUMENT # P02000052501

1. Entity Name
TAYLORMADE SYSTEMS, INC.



Principal Place of Business
**108 NORTH MAGNOLIA AVENUE
SUITE 309
OCALA FL 34475**

Mailing Address
**108 NORTH MAGNOLIA AVENUE
SUITE 309
OCALA FL 34475**



2. Principal Place of Business

206 SE Wenona Ave

3. Mailing Address

206 SE Wenona Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

Zip

34471

Country

USA

Zip

34471

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TAYLOR-GIBSON, LEAH A
5948 PECAN ROAD 206 SE Wenona Avenue
OCALA FL 34472 34471**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **President - D** ☐ Delete
NAME **Leah Taylor-Gibson**
STREET ADDRESS **206 SE Wenona Avenue**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **Treasurer - D** ☐ Delete
NAME **Leah Taylor-Gibson**
STREET ADDRESS **206 SE Wenona Ave**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **Secretary - D** ☐ Delete
NAME **Leah Taylor-Gibson**
STREET ADDRESS **206 SE Wenona Avenue**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leah Taylor-Gibson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

352-402-0480

Daytime Phone #

CR2E034 (10/02)