

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**  
 09-12-2000 90146 047 \*\*\*550.00

**DOCUMENT # P92000015461**

1. Entity Name  
**MARY L. TAYLOR, P.A.**

Principal Place of Business <b>1 TAMPA CITY CENTER, SUITE 2250          SUITE 2505          TAMPA FL 33602          US</b>	Mailing Address <b>P.O. BOX 2920          TAMPA FL 33601          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>Tampa City Center</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite 1700</b>	Suite, Apt. #, etc.
City & State <b>Tampa FL</b>	City & State
Zip <b>33602</b> Country	Zip Country

4. FEI Number <b>59-3282376</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**TAYLOR, MARY L  
 201 N FRANKLIN STREET  
 SUITE 2505  
 TAMPA FL 33688**

7. Name and Address of New Registered Agent

Name **Taylor, Mary L**  
 Street Address (P.O. Box Number is Not Acceptable)  
**201 N FRANKLIN ST**  
**Suite 1700**  
 City **Tampa FL FL** Zip Code **33602**

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARY TAYLOR</b> <b>3607 SCHEFFLERA ROAD</b> <b>TAMPA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** **9/10/00** **813-273-9666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)