

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002110

1. Entity Name

BOLEMAN TAYLOR, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90095 050 ***150.00

819601



DO NOT WRITE IN THIS SPACE

Principal Place of Business
838 NW 82ND AVENUE
PLANTATION FL 33324

Mailing Address
4190 145TH AVENUE NORTH
LOXAHATCHEE FL 33470-4667
US

2. Principal Place of Business
11496 Pearson Road

3. Mailing Address #12
13860 Wellington Trace

Suite, Apt. #, etc.
Unit #1-C

Suite, Apt. #, etc.
PMB #515

City & State
Wellington, FL

City & State
Wellington, FL

Zip
33414

Country
Broward

Zip
33414

Country
Broward

4. FEI Number 65-0656440

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BOLEMAN, AUSTIN P
838 NW 82ND AVENUE
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name Marvin J. Taylor
Street Address (P.O. Box Number is Not Acceptable)
11496 Pearson Road
Unit #1-C
City Wellington FL Zip Code 33414

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 Marvin J. Taylor DATE 2/29/2000
(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 \$150.00
After MAY 1, 2000 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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLEMAN, AUSTIN P		NAME		
STREET ADDRESS	838 NW 82ND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MARVIN J		NAME		
STREET ADDRESS	4190 145TH AVENUE NORTH		STREET ADDRESS	13860 Wellington Trace #12	
CITY-ST-ZIP	LOXAHATCHEE FL		CITY-ST-ZIP	PMB #515, Wellington, FL 33414	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Marvin J. Taylor DATE 2/29/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)