

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90049 031 \*\*\*150.00

**DOCUMENT # P95000002110**

**1. Entity Name**  
**BOLEMAN TAYLOR, INC.**

**Principal Place of Business**

**11496 PEARSON ROAD**  
**UNIT 1-C**  
**PLANTATION FL 33324**

**Mailing Address**

**13860 WELLINGTON TRACE #12**  
**PMB 515**  
**WELLINGTON FL 33414**  
**US**

**2. Principal Place of Business**

**13860 Wellington Trace #12**

**3. Mailing Address**

Suite, Apt. #, etc.

**PMB # 515**

**City & State**

**Wellington FL**

**City & State**

**4. FEI Number 65-0656440**

Applied For  
 Not Applicable

**Zip 33414**

**Country US**

**Zip**

**Country**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TAYLOR, MARVIN J**  
**11496 PEARSON ROAD**  
**UNIT 1-C**  
**WEST PALM BEACH FL 33414**

**7. Name and Address of New Registered Agent**

**Name**

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

**13860 Wellington Trace #12**  
**PMB 515**

**City**

**Wellington FL**

**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**

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/22/02**

**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**

**TITLE D**  
**NAME BOLEMAN, AUSTIN P**  
**STREET ADDRESS 838 NW 82ND AVENUE**  
**CITY-ST-ZIP PLANTATION FL 33324**

**TITLE D**  
**NAME TAYLOR, MARVIN J**  
**STREET ADDRESS 13860 WELLINGTON TRACE #12**  
**CITY-ST-ZIP WEST PALM BEACH FL 33414**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/22/02 561-2486052**

CR2E034 (9/01)