

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90153 012 ***150.00

DOCUMENT # P95000002110

1. Entity Name
BOLEMAN TAYLOR, INC.



Principal Place of Business
**13860 WELLINGTON TRACE #12
PMB #515
WEST PALM BEACH FL 33414**

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



2. Principal Place of Business
4209 BAHIA ISLE CIR
Suite, Apt. #, etc.

3. Mailing Address
4209 BAHIA ISLE CIR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WELLINGTON, FL
Zip
33467
Country
FLORIDA

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WELLINGTON, FL
Zip
33467
Country
FLORIDA

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

TAYLOR, MARVIN J
13860 WELLINGTON TRACE #12
PMB 515
WEST PALM BEACH FL 33414

7. Name and Address of New Registered Agent

TAYLOR, MARVIN J
Street Address (P.O. Box Number is Not Acceptable)
4209 BAHIA ISLE CIR
City
WELLINGTON FL Zip Code
33467

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 NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MARVIN J 13860 WELLINGTON TRACE #12 WEST PALM BEACH FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MARVIN J 4209 BAHIA ISLE CIR WELLINGTON, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

561-248-6052

Date Daytime Phone #

CR2E034 (10/02)