

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90046 042 ***150.00

DOCUMENT # P95000096742

1. Entity Name
STAN TAIT & ASSOCIATES, INC.



Principal Place of Business
2952 WELLINGTON CIR
TALLAHASSEE FL 32308
US

Mailing Address
2952 WELLINGTON CIR
TALLAHASSEE FL 32308
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32309

32309

4. FEI Number **59-3365398**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAIT, DAVID L
2952 WELLINGTON CIR
TALLAHASSEE FL 32308

Name

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

City

FL

Zip Code

32309

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **TAIT, DAVID L**
STREET ADDRESS **2952 WELLINGTON CIR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32309**

TITLE **VPD** ☐ Delete
NAME **TAIT, MARILYN P**
STREET ADDRESS **2952 WELLINGTON CIR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32309**

TITLE **D** ☐ Delete
NAME **TAIT, STAN**
STREET ADDRESS **2952 WELLINGTON CIR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32309**

TITLE **TD** ☐ Delete
NAME **TAIT, LINDA**
STREET ADDRESS **2952 WELLINGTON CIR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32309**

TITLE **D** ☐ Delete
NAME **BESSE, THERESA**
STREET ADDRESS **2952 WELLINGTON CIR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **LISA TAIT**
STREET ADDRESS **2952 WELLINGTON CIR.**
CITY-ST-ZIP **TALL, FL 32309**

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

DAVID L. TAIT 1/14/03 850-906-9220

Date

Daytime Phone #

CR2E034 (10/02)