FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 90005 014 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000062797

1. Entity Name
TAYLOR MADE TRAVEL, INC

Principal Place of Business
Mailing Address

A0063376

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4950 PARK BLVD
Suite, Apt. #, etc.
City & State: PINELLAS PARK, FL
Zip: 33781 Country: PINELLAS

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 59-3459947 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CARPENTER, BOBBY T
4950 PARK BLVD
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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, 2001 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	PRES	☐ Delete
NAME	CARPENTER, BOBBY T	
STREET ADDRESS	4950 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	VP	☐ Delete
NAME	CARPENTER, DEBORAH T	
STREET ADDRESS	4950 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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 all other like empowered.

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SIGNATURE: Bobby Tyler Carpenter 4/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR