

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098156

1. Entity Name

TAYLOR & SHILLING, P.A.

Principal Place of Business

Mailing Address

900 EAST INDIANTOWN ROAD, STE. 301
JUPITER FL 33477

900 EAST INDIANTOWN ROAD, STE. 301
JUPITER FL 33477-5153

2. Principal Place of Business

4400 PGA BLVD.

3. Mailing Address

PO BOX 32772

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS FL

City & State

PALM BEACH GARDENS FL

Zip

33410

Country

USA

Zip

33420

Country

USA

4. FEI Number

65-0800891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHILLING, SUSAN L
900 EAST INDIANTOWN ROAD, STE. 301
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

DAVID F. TAYLOR

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

4400 PGA BLVD. STE 303

City

PALM BEACH GARDENS FL

Zip Code

33410

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TAYLOR, DAVID F
900 EAST INDIANTOWN RD STE 301
JUPITER FL 33477

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SHILLING, SUSAN L
900 EAST INDIANTOWN RD STE 301
JUPITER FL 33477

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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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 #

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90138 043 ***150.00



DO NOT WRITE IN THIS SPACE