

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91190 008 ***150.00

C0070343

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000098156 1. Entity Name DAVID TAYLOR & ASSOCIATES, PA			
Principal Place of Business 12910 BRIAR LAKE DR 204 PALM BEACH GARDENS, FL 33418		Mailing Address 12910 BRIAR LAKE DR 204 PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business 12910 BRIAR LAKE DR Suite, Apt. #, etc. 204		3. Mailing Address Suite, Apt. #, etc. 204	
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL	
Zip 33418	Country USA	Zip 33418	Country USA
6. Name and Address of Current Registered Agent DAVID F TAYLOR 12910 BRIAR LAKE DR 204 PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name: DAVID F TAYLOR Street Address (P.O. Box Number is Not Acceptable): 12910 BRIAR LAKE DR 204 City: PALM BEACH GARDENS FL Zip Code: 33418	
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 <i>[Signature]</i> 4/30/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE D Stilling, SUSAN L <input checked="" type="checkbox"/> Delete NAME STREET ADDRESS 900 E INDIAN TOWN ROAD STE 301 CITY-ST-ZIP JUPITER FL 33477		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DAVID F TAYLOR STREET ADDRESS 12910 BRIAR LAKE DR, 204 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/30/01** **56 624 5868**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone