

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90421 036 ***150.00

DOCUMENT # P97000098156

1. Entity Name

DAVID TAYLOR & ASSOCIATES, PA N/C

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12910 BRIARLAKE DR

3. Mailing Address

12910 BRIARLAKE DR

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

City & State

PALEMBACH GARDENS FL

City & State

PALEMBACH GARDENS, FL

Zip

33418

Country

US

Zip

33418

Country

US

4. FEI Number

650800891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID F. TAYLOR

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

12910 BRIARLAKE DR

204

City

PALEMBACH GARDENS FL

Zip Code

33418

**DO NOT WRITE
IN THIS SPACE**

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

4/29/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 D/P
NAME DAVID F. TAYLOR
STREET ADDRESS 12910 BRIARLAKE DR 204
CITY - ST - ZIP PALEMBACH GARDENS, FL 33418

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID F. TAYLOR President

4/29/02 56 6245818

Date

Daytime Phone #