

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029094

1. Entity Name

BRADLEY A. TAYLOR ORTHODONTICS, P.A.

Principal Place of Business

2379 TREASURE ISLE DRIVE NO. A27
PALM BEACH GARDENS FL 33410

Mailing Address

2379 TREASURE ISLE DRIVE NO. A27
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

2517 Burns Road

3. Mailing Address

2517 Burns Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

PBG, FL

Zip

33410

USA

Zip

33410

Country

USA

4. FEI Number

65-0824112

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, BRADLEY A DMD
2379 TREASURE ISLE DRIVE NO. A27
PALM BEACH GARDENS FL 33410

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/01)

TITLE D
NAME TAYLOR, BRADLEY A DMD
STREET ADDRESS 2379 TREASURE ISLE DRIVE NO. A27
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90019 014 ***150.00

0359261

AV



DO NOT WRITE IN THIS SPACE

Daytime Phone #