

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030464

1. Entity Name

DAVID TAYLOR DESIGNS, INC.

FILED

Jan 13, 2000 8:00 am  
Secretary of State

01-13-2000 90042 042 \*\*\*150.00

Principal Place of Business

1372 N KILLIAN DR  
#G  
LAKE PARK FL 33403

Mailing Address

1372 N KILLIAN DR  
#G  
LAKE PARK FL 33403-1948

2. Principal Place of Business

8087 Monetary Dr  
Suite, Apt. #, etc.  
E-7  
City & State  
Riviera Beach FL  
Zip  
33404

3. Mailing Address

8087 Monetary Dr  
Suite, Apt. #, etc.  
E-7  
City & State  
Riviera Beach FL  
Zip  
33404



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0829881

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEYLAND, CLAUDETTE  
1372 NORTH KILLIAN DRIVE, SUITE G  
LAKE PARK FL 33403

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEYLAND, CLAUDETTE<br>1372 NORTH KILLIAN DRIVE, SUITE G<br>LAKE PARK FL 33403 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEYLAND, ALAN<br>1372 NORTH KILLIAN DRIVE, SUITE G<br>LAKE PARK FL 33403      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CARROLL, CLAUDIA<br>1372 NORTH KILLIAN DRIVE, SUITE G<br>LAKE PARK FL 33403   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TAYLOR, ANDREA<br>1372 NORTH KILLIAN DRIVE, SUITE G<br>LAKE PARK FL 33403     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 8087 Monetary Dr, Ste E 7<br>Riviera Beach, FL 33404 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SAME AS ABOVE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SAME AS ABOVE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SAME AS ABOVE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>SAME AS ABOVE</del>                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 of Claude Leyland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/00 561 841 7960

CR2E034 (9/99)