


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

FILED
May 13, 2003 8:00 am
Secretary of State
05-13-2003 90053 032 ***150.00

DOCUMENT # **998000096701**
1. Entity Name **Taisha One of Orlando, Inc.**



DO NOT WRITE IN THIS SPACE

50133769

2. Principal Place of Business **4036 Golfside Drive**
Suite, Apt. #, etc.

3. Mailing Address **4036 Golfside Drive**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Orlando, FL**

City & State **Orlando, FL**

Zip **32808** Country **United States**

Zip **32808** Country **United States**

4. FEI Number **59-353-8920**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **La Taasha Byrd**

Street Address (P.O. Box Number is Not Acceptable) **4036 Golfside Drive**

City **Orlando** FL Zip Code **32808**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President La Taasha Byrd 4036 Golfside Drive Orlando, FL 32808	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **La Taasha Byrd** Date **5-9-03** Daytime Phone # **407 578 0327**

Attachment

90133769

May 10, 2003

998000095701

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Upon receiving a current form (UBR) from your office, I have enclosed the required payment. This form is a duplicate, as the previous original was not received for this year. I requested this duplicate on May 5, 2003 from C Anderson.

Thank you for your attention to this matter.

Sincerely,

Lataasha Byrd

Lataasha Byrd
Taasha One of Orlando, Inc.