

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108319

1. Entity Name

LAW OFFICE OF CAPP P. TAYLOR, P.A.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90007 032 \*\*\*150.00

Principal Place of Business 201 EAST KENNEDY BOULEVARD SUITE 1120 TAMPA FL 33602	Mailing Address 201 EAST KENNEDY BOULEVARD SUITE 1120 TAMPA FL 33602-5827
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3023 Eastland Blvd Suite, Apt. #, etc. #104 City & State Clearwater, FL Zip 33761 Country USA	3. Mailing Address 3023 Eastland Blvd Suite, Apt. #, etc. #104 City & State Clearwater FL Zip 33761 Country USA
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4. FEI Number 59-3546245	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAYLOR, CAPP P 201 EAST KENNEDY BOULEVARD SUITE 1120 TAMPA FL 33602	7. Name and Address of New Registered Agent Name Capp P. Taylor Street Address (P.O. Box Number is Not Acceptable) 3023 Eastland Blvd #104 City Clearwater FL Zip Code 33761
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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] DATE 4/28/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TAYLOR, CAPP P ATT 201 E. XENNADY BLVD. #1120 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Capp P. Taylor, Attorney 3023 Eastland Blvd #104 Clearwater, FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E034 (9/99)