

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032204

1. Entity Name

THE ESPLANADE CONSULTING CORP.

**FILED**  
May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90040 036 \*\*\*150.00

Principal Place of Business

3417 MISSION BAY BLVD. #310  
ORLANDO FL 32817

Mailing Address

3417 MISSION BAY BLVD. #310  
ORLANDO FL 32817-5117

2. Principal Place of Business

443 PANAREA DRIVE

3. Mailing Address

443 PANAREA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

4. FEI Number

59-3571693

Applied For

Not Applicable

Zip

33950

Country

US

Zip

33950

Country

US

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

TAYLOR, PHILIP H  
3417 MISSION BAY BLVD, #310  
ORLANDO FL 32817

Name

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

443 PANAREA DRIVE

City

PUNTA GORDA

FL

Zip Code

33950

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

*Phillip H. Taylor*  
Signature, typed or printed name of registered agent, and title if applicable.

Phillip H. Taylor

(NOTE: Registered Agent signature required when reinstating)

20 Apr 2000

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

TITLE ☐ Delete

NAME ~~PRESIDENT~~  
~~Phillip H. Taylor~~  
STREET ADDRESS ~~443 PANAREA DRIVE~~  
CITY-ST-ZIP ~~PUNTA GORDA, FL 33950~~

TITLE ☐ Delete

NAME ~~SECRETARY/TREASURER~~  
~~CAROL J. TAYLOR~~  
STREET ADDRESS ~~443 PANAREA DRIVE~~  
CITY-ST-ZIP ~~PUNTA GORDA, FL 33950~~

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

NAME ~~PRESIDENT~~  
~~Phillip H. Taylor~~  
STREET ADDRESS ~~443 PANAREA DRIVE~~  
CITY-ST-ZIP ~~PUNTA GORDA, FL 33950~~

TITLE ☐ Change ☒ Addition

NAME ~~SECRETARY/TREASURER~~  
~~CAROL J. TAYLOR~~  
STREET ADDRESS ~~443 PANAREA DRIVE~~  
CITY-ST-ZIP ~~PUNTA GORDA, FL 33950~~

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Phillip H. Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip H. Taylor

Date

20 Apr 2000

Daytime Phone #

(941) 639-2567

CR2E034 (9/99)