## May 02, 2003 8:00 am § Secretary of State

**FILED** 

05-02-2003 90737 047 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P99000043049

1. Entity Name

G. TODD TAYLOR, P.A.

							7				
Principal Place of Business 1361 OVERSEAS HWY D4			Mailing Address 1361 OVERSEAS HWY D4								
MARATHON FL 33050 MA				MARATHON FL 33050							
2. Principal F	Place of Busin	ness	3. Mailing Address				_			<b>i</b> iini <b>di</b> na di	DEA JULI 402E
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_	☐ CHECK HERE IF MAK	UNG C	HANGES	
City & State			City & State			4.	4. FE! Number 65-0920927 Applied For Not Applied For				
Zip	Zip Country			Zip Cour		ntry 5.		Certificate of Status Desired   \$8.75 Additional Fee Required			tional
6. Name and Address of Current Registered Agent							7.	Name and Address of New Register	ed Ag	ent	
						Name					]
TAYLOR, TODD  1361 OVERSEAS HWY D4						Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
MARATHON FL 33050											
						City Zip Code					
	tions of regist	ered agent.					·	gent, or both, in the State of Florida. I		niliar with, a	and accept
. <u> </u>	Signature, typed	or printed name of registered ager	t and title if app	olicable. (NOTE: I	Registered	Agent signature req	uired when	reinstating) DA	ΓE		
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 • Florida Department		State				Election Campaign Financing     Trust Fund Contribution.			May Be to Fees
10.		OFFICERS AND	DIRECTO	l	11.		A	L DDITIONS/CHANGES TO OFFICERS (	AND D	IRECTORS	IN 11
TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP				☐ Delete	TITLE NAME STREE	I		,\		] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		1				Change	☐ Addition
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TITLE	-	· · · · · · · · · · · · · · · · · · ·	*	☐ Delete	TITLE					] Change	Addition

I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other the empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZiP

TITLE

NAME

SIGNATURE: \_

STREET ADDRESS

CITY-ST-7iP TITLE

NAME STREET ADDRESS

IAME OF SIGNING OFFICER OR DIRECTOR

Delete

Todd TAYLOR 4-29-03 (305)

Change

Addition