2001 UNIFORM BUSINESS REPORT (UBR)

TILE

NAME

STREET ADDRESS

changed, or on an attachment

CDY-ST-ZiP

FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # **P99000050561** 1. Entity Name 05-15-2001 90102 009 ***150.00 NELSON LANE TAYLOR, P.A. Principal Place of Business Mailing Address 751 OLD EUSTIS RD. 751 OLD EUSTIS RD. COD65642 MOUNT DORA FL 32757 MOUNT DORA FL 32757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3583565 Not App icable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, NELSON LANE Street Address (P.O. Box Number is Not Acceptable) 751 OLD EUSTIS RD. MOUNT DORA FL 32757 City 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 (NOTE: Registered Agent's gnature required when reinstating) FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be fax fixing requirement and ciects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE THILE ☐ Change Delete TAYLOR, NELSON LANE NAME MAME STREET ADDRESS 751 OLD EUSTIS RD. STREET ADDRESS CITY-ST-ZIP **MOUNT DORA FL 32757** CiTY ST ZIP TITLE ☐ Deleta TITE E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP ilitle ☐ Delete "II"_E [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition ☐ Delete TITLE NAME STREET AGORESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Delete NAME NAME STREET ADDRESS STREET ADDRESS OITY-ST-ZIP CITY-ST-ZIP

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CITY-ST-7(P 13. Thereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(f). 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.

[] Addition