

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90871 048 ***158.75

DOCUMENT # V40804

1. Entity Name
MARINA R. TAYLOR, ESQUIRE, P.A.

Principal Place of Business
% 910 OAKFIELD DRIVE, SUITE 202
BRANDON FL 33511
US

Mailing Address
910 OAKFIELD DRIVE
202
BRANDON FL 33511
US

2. Principal Place of Business

601 East Twiggs Street

3. Mailing Address

910 OAKFIELD DR.

Suite, Apt. #, etc.

4th Floor

Suite, Apt. #, etc.

Suite 202

City & State

TAMPA, FL

City & State

BRANDON, FL

Zip

33602

Country

USA

Zip

33511

Country

USA

4. FEI Number

59-3125648

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, MARINA R
910 OAKFIELD DRIVE
SUITE 202
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

[Signature]

MARINA R. TAYLOR, President

4/10/02

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **DP** ☐ Delete
NAME **TAYLOR, MARINA R**
STREET ADDRESS **910 OAKFIELD DR, STE 202**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARINA R. TAYLOR, President

813-226-0771

4/10/02 813-689-4232

Date

Daytime Phone #

CR2E034 (9/01)