

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V55095**

1. Entity Name
GWEN TAYLOR GROUP, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90014 038 ***150.00

00020563



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**605 11TH STREET
SAINT AUGUSTINE FL ~~32084~~
US**

Mailing Address
**605 11TH STREET
SAINT AUGUSTINE FL ~~32084~~
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3139292** Applied For
Not Applicable

Zip **32080** Country

Zip **32080** Country

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, GWEN K
605 11TH STREET
SAINT AUGUSTINE FL ~~32084~~
32080**

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, 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**
NAME **TAYLOR, GWEN K**
STREET ADDRESS **605 11 TH STREET**
CITY-ST-ZIP **SAINT AUGUSTINE FL ~~32084~~**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **32080**

TITLE **V**
NAME **BREGER, ALLYSON M.**
STREET ADDRESS **1093 AIA BEACH BLVD STE 210**
CITY-ST-ZIP **ST AUGUSTINE BEACH FL ~~32084~~**

TITLE
NAME **BREGER, ALLYSON M.**
STREET ADDRESS **605 11th STREET**
CITY-ST-ZIP **32080**

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gwen Taylor

2/15/01

9044714141

DATE

DAYTIME PHONE #

CR2E034 (10/00)