

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90173 023 ***150.00

DOCUMENT # V70678

1. Entity Name

CARLIN TAYLOR, INCORPORATED

Principal Place of Business

3269 TAMPA RD.
PALM HARBOR FL 34684
US

Mailing Address

3269 TAMPA RD.
PALM HARBOR FL 34684
US

00069206



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3181520

Applied For

Not Applicable

Zip

Country

Zip

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

GRIDLEY, MARCELLA C
1968 BAYSHORE BLVD
DUNEDIN FL 34698

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TAYLOR, VIRGINIA M
3404 BAUGH DRIVE
NEW PORT RICHEY FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/2000 127-787-9557

Attachment
OHV 70678
PW 69206

July 6, 2000

Dear Sir,

I received a 2nd notice on your 2000 business report. Realizing that I had never received a first notice I called your office and was advised to send you a letter stating that fact.

I am a very small business and I pay all my bills as soon as they come in as I can not afford interest or late payments. I simply did not receive any notice, until this one, or it would have been paid ~~for~~ immediately.

I am enclosing my check for \$150. as I was advised and hope that you can accept this as full payment from a hard working, small business owner. I simply cannot afford a \$400. fine. Thank you.

Very truly yours,
Virginia Taylor