


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

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**  
05-13-2003 90053 032 \*\*\*150.00

DOCUMENT # 998000096701  
1. Entity Name Taisha One of Orlando, Inc.



**DO NOT WRITE IN THIS SPACE**

**50133769**

2. Principal Place of Business 4036 Golfside Drive  
Suite, Apt. #, etc.

3. Mailing Address 4036 Golfside Drive  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Orlando, FL

City & State Orlando, FL

Zip 32808 Country United States

Zip 32808 Country United States

4. FEI Number 59-353-8920

Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name La Taasha Byrd

Street Address (P.O. Box Number is Not Acceptable) 4036 Golfside Drive

City Orlando FL Zip Code 32808

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                         |   |  |                                   |
|--|---|--|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <u>President<br/>La Taasha Byrd<br/>4036 Golfside Drive<br/>Orlando, FL 32808</u> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: La Taasha Byrd Date 5-9-03 Daytime Phone # 407 578 0327

Attachment

90133769

May 10, 2003

998000095701

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

Upon receiving a current form (UBR) from your office, I have enclosed the required payment. This form is a duplicate, as the previous original was not received for this year. I requested this duplicate on May 5, 2003 from C Anderson.

Thank you for your attention to this matter.

Sincerely,

Lataasha Byrd

Lataasha Byrd  
Taasha One of Orlando, Inc.