2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-10-2003 90061 046 ***150.00

DOCUMENT # P02000111776

1. Entity Name
S D& J TAYLOR, INCORPORATED

Principal Place of Business	Mailing Address
7030 NUNDY DRIVE GIBSONTON FL 33534	P.O. BOX 1874 GIBSONTON FL 33534

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7030 Nundy Ave	PO Box 1874
Suite, Apt. #, etc.	Suite, Apt. #, etc. Gibsonton Fl 33534
City & State: Gibsonton Fl	City & State
Zip: 33534 Country: Hills	Zip: 33534 Country: Hills.

4. FEI Number ☐ Applied For ☑ Not Applicable

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, SHELBY J 7030 NUNDY DRIVE GIBSONTON FL 33534	Name: Shelby Taylor Street Address (P.O. Box Number is Not Acceptable): 7030 Nundy Ave City: Gibsonton FL Zip Code: 33534

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: [signature] 4-22-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, SHELBY J 7030 NUNDY DRIVE GIBSONTON FL 33534 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, INA L 7030 NUNDY DRIVE GIBSONTON FL 33534 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 3-5-03 8136728080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #