

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90031 020 \*\*\*150.00

**DOCUMENT # V08558**

1. Entity Name

**TAYLOR DESIGNS UNLIMITED, INC.**

Principal Place of Business

**TAYLOR DESIGNS UNLIMITED, INC.**  
**5500 CENTRAL AVENUE**  
**ST. PETERSBURG FL 33707**  
**US**

Mailing Address

**TAYLOR DESIGNS UNLIMITED, INC.**  
**5500 CENTRAL AVENUE**  
**ST. PETERSBURG FL 33707**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3105113**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, SUSAN**  
**5500 CENTRAL AVE**  
**ST. PETERSBURG FL 33707**

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

(NOTE: Registered Agent signature required when reinstating)

*[Handwritten Signature]*  
 DATE **4/25/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTC	<input type="checkbox"/> Delete
NAME	TAYLOR, SUSAN	
STREET ADDRESS	7926 9TH AVENUE, SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GREER, PATRICIA G.	
STREET ADDRESS	5500 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BECKER, LINDA MARTIN	
STREET ADDRESS	RD #1 BOX 1988	
CITY-ST-ZIP	MOHNTON PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T, M	<input type="checkbox"/> Delete
NAME	BRUCE TAYLOR	
STREET ADDRESS	7926 9th AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG, FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P, S, C	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]* **SUSAN S TAYLOR** **4/25/02** **343 6208**

Date

Daytime Phone #

CR2E034 (9/01)