

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 250705

1. Entity Name

TAYLOR & FULTON, INC.

Principal Place of Business

932 5TH AVE.
PALMETTO FL 34221

Mailing Address

P.O. BOX 1097
PALMETTO FL 34220
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1087

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Palmetto, FL

Zip

Country

Zip
34220

Country

USA

4. FEI Number 59-0946630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, J M
932 5 AVE W
PALMETTO FL 33561

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)

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	TAYLOR, JM	
STREET ADDRESS	932 5 AVE W	
CITY-ST-ZIP	PALMETTO, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, RJ	
STREET ADDRESS	932 5 AVE W	
CITY-ST-ZIP	PALMETTO, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	QUILLIAN, MILLARD B.	
STREET ADDRESS	932 5 AVE W	
CITY-ST-ZIP	PALMETTO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PARRISH, REESE	
STREET ADDRESS	932 5 AVE W	
CITY-ST-ZIP	PALMETTO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONETTE, WILLIAM	
STREET ADDRESS	932 5TH AVENUE WEST	
CITY-ST-ZIP	PALMETTO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 type="checkbox"/> Addition
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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

4/12/01

Date

941-729-3883

Daytime Phone #

CR2E034 (10/00)

0544149

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90079 001 ***150.00



DO NOT WRITE IN THIS SPACE