

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90425 015 \*\*\*150.00

**DOCUMENT #250705** ✓

1. Entity Name

TAYLOR & FULTON, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

932 5th AVE W

Suite, Apt. #, etc.

3. Mailing Address

P O BOX 1087

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALMETTO, FL

City & State

PALMETTO, FL

4. FEI Number

59-0946630

Applied For

Not Applicable

Zip

34221

Country

US

Zip

34220

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent.

Name

TAYLOR, JM

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

932 5th AVE W

City

PALMETTO

FL

Zip Code

34221

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STD

TAYLOR, J M

932 5th AVE W

PALMETTO, FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD

TAYLOR, R J

932 5th AVE W

PALMETTO, FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V

QUILLIAN, MILLARD B

932 5th AVE W

PALMETTO, FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V

PARRISH, REESE

932 5th AVE W

PALMETTO, FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VOLET

MONETTE, WILLIAM

932 5th AVE W

PALMETTO, FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William M Monette

5/1/02

Date

941.729-3881

Daytime Phone #

CR2E034B (12/01)