

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91336 025 ***150.00

DOCUMENT # 319828

1. Entity Name
CLAGETT TAYLOR, INC.



Principal Place of Business
**1617 NE LAKEVIEW DRIVE
SEBRING FLA 33870-2761**

Mailing Address
**P.O. BOX 942
SEBRING FL 33871-0942**



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: **59-1209256**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RHOADES, CLIFFORD R
227 NORTH RIDGEWOOD DRIVE
SEBRING FL 33870**

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

SIGNATURE

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

TITLE **PD** ☐ Delete
NAME **TAYLOR JR, J CLAGETT**
STREET ADDRESS **1617 NE LAKEVIEW DR**
CITY-ST-ZIP **SEBRING FL**

TITLE **SD** ☐ Delete
NAME **TAYLOR, PATRICIA K.**
STREET ADDRESS **1617 NE LAKEVIEW DRIVE**
CITY-ST-ZIP **SEBRING FL**

TITLE **D** ☐ Delete
NAME **VALENCIA, DEBORAH T.**
STREET ADDRESS **42048 CRESTVIEW CIRCLE**
CITY-ST-ZIP **NORTHVILLE MI 48167**

TITLE **D** ☐ Delete
NAME **TAYLOR, J. CLAGETT, III**
STREET ADDRESS **2611 COVENTRY LANE**
CITY-ST-ZIP **OCOOEE FL 34761**

TITLE **TD** ☐ Delete
NAME **TAYLOR, JOHN A.**
STREET ADDRESS **3207 OLEANDER DRIVE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 863-382-2893
Date Daytime Phone #

CR2E034 (10/02)