## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 401758** May 11, 2000 8:00 am Secretary of State TAYLOR GENERAL CONSTRUCTION CO., INC. 05-11-2000 90307 008 \*\*\*150.00 Principal Place of Business Mailing Address 11600 DAUPHIN AVENUE 11600 DAUPHIN AVENUE LARGO FL 33778-2906 LARGO FL 33778 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1398284 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, CHARLES L Street Address (P.O. Box Number is.Not Acceptable) 11600 DAUPHIN AVE 33778 LARGO FL 34646~~ 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE TAYLOR, CHARLES L NAME NAME STREET ADDRESS STREET ADDRESS 11600 DAUPHIN AVENUE CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33778 Change Addition Delete TITLE NAME TAYLOR, MARTHA T NAME STREET ADDRESS. STREET ADDRESS 11600 DAUPHIN AVENUE 33 77 8 CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NG OFFICER OR DIRECTOR