


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90132 044 ***150.00

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DOCUMENT # 425872	
1. Entity Name TAYLOR CONCRETE, INC.	

Principal Place of Business PO BOX 86 PALMETTO FL 34220 US	Mailing Address PO BOX 86 PALMETTO FL 34220 US
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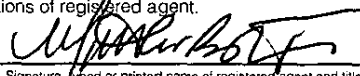
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1523196		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MARSHALL, ERNEST S 615 9TH STR W BRADENTON FL 34205		7. Name and Address of New Registered Agent Name MATTHEW B. TAYLOR Street Address (P.O. Box Number is Not Acceptable) 551 1402 3rd AVENUE WEST City BRADENTON FL Zip Code 34205

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  **MATTHEW B. TAYLOR** DATE **04/10/03**

(NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PD TAYLOR, NATHAN J. JR. STREET ADDRESS 6290 ERIE ROAD CITY-ST-ZIP PARRISH FL	<input type="checkbox"/> Delete	TITLE NAME PD TAYLOR, NATHAN J. JR. STREET ADDRESS 5910 Erie Rd. CITY-ST-ZIP PARRISH, FL 34219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VD TAYLOR, DIANA STREET ADDRESS 6290 ERIE ROAD CITY-ST-ZIP PARRISH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VPD TAYLOR, SPENCER N. STREET ADDRESS 3290 ERIE ROAD CITY-ST-ZIP PARRISH FL 34219	<input type="checkbox"/> Delete	TITLE NAME VPD TAYLOR, SPENCER N. STREET ADDRESS 906 25th Ave W. CITY-ST-ZIP Palmetto, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STD PEREZ, RACHEL T STREET ADDRESS 6290 ERIE ROAD CITY-ST-ZIP PARRISH FL 34219	<input type="checkbox"/> Delete	TITLE NAME STD PEREZ, RACHEL S. STREET ADDRESS 5590 Erie Rd CITY-ST-ZIP Parrish, FL 34219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **MATTHEW B. TAYLOR** DATE **4/14/03** (941) 722-2861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)