2001 UNIFORM BUSINESS REPORT (UBR)

Mar 27, 2001 8:00 am **DOCUMENT # 428878 Secretary of State** 1. Entity Name C. TAYLOR CONSTRUCTION; INC. 03-27-2001 90012 023 ***150.00 Principal Place of Business Mailing Address 13451 IRVING STREET 13451 IRVING STREET BROOKSVILLE FL 34609 **BROOKSVILLE FL 34609** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1469153 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, CHARLES Street Address (P.O. Box Number is Not Acceptable) 13451 IRVING STREET **BROOKSVILLE FL 34609** City 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, 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD CR2E034 (10/00) TITLE TITLE Change ☐ Delete TAYLOR, CHARLES NAME NAME STREET ADDRESS 700 BARCLAY RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL** TITLE SD ☐ Delete TITLE □ Change ☐ Addition TAYLOR, JEAN NAME NAME STREET ADDRESS STREET ADDRESS 700 BARCLAY RD. CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS 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

3- 23-01

Daytime Phone #