

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 567304

1. Entity Name  
C E T ENTERPRISES, INC.

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90023 021 \*\*\*150.00

Principal Place of Business

TOM COKER RD.  
2020 TAYLOR WOODS RD  
LABELLE FL 33935

Mailing Address

TOM COKER RD.  
2020 TAYLOR WOODS RD  
LABELLE FL 33935

00047330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

GLADES County  
Suite, Apt. #, etc.  
2020 TAYLOR WOODS Rd

3. Mailing Address

2020 TAYLOR WOODS Rd  
Suite, Apt. #, etc.

City & State

Labelle, FL

City & State

Labelle, FL

4. FEI Number 59-1832041

Applied For

Not Applicable

Zip

33935

Country

GLADES

Zip

33935

Country

GLADES

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR JR, CHARLES E.  
2020 TAYLOR WOODS RD  
LABELLE FL 33935

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 PD  
NAME TAYLOR JR, CHARLES E  
STREET ADDRESS 2020 TAYLOR WOODS RD  
CITY-ST-ZIP LABELLE FL ☐ Delete

TITLE ST  
NAME TAYLOR, EMMIE  
STREET ADDRESS 2020 TAYLOR WOODS RD  
CITY-ST-ZIP LABELLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: CHARLES E. TAYLOR, JR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01 18636758960  
Date Daytime Phone #

CR2E034 (10/00)