

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90070 045 ***558.75

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DOCUMENT # 567304

1. Entity Name
C E T ENTERPRISES, INC.



Principal Place of Business
GLADES COUNTY
2020 TAYLOR WOODS RD
LABELLE FL 33935

Mailing Address
2020 TAYLOR WOODS RD
LABELLE FL 33935



2. Principal Place of Business
FORT MYERS, FLA.
Suite, Apt. #, etc.

3. Mailing Address
1362 BRAMAN AVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
FORT MYERS, FLA.
Zip
33901
Country
USA

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FORT MYERS, FLA.
Zip
33901
Country
USA

4. FEI Number
59-1832041

Applied For
☐ Not Applicable

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
PAUL E. TAYLOR
Street Address (P.O. Box Number is Not Acceptable)
1362 BRAMAN AVE
City
FORT MYERS FL Zip Code
33901

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 **Paul E. Taylor**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-27-03
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, CHARLES E
STREET ADDRESS
2020 TAYLOR WOODS RD
CITY-ST-ZIP
LABELLE FL

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

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PAUL E. TAYLOR ☒ Change ☐ Addition
NAME
PAUL E. TAYLOR
STREET ADDRESS
1362 BRAMAN AVE
CITY-ST-ZIP
FORT MYERS, FLA.

TITLE
PRESIDENT - SECRETARY ☒ Change ☐ Addition
NAME
PAUL E. TAYLOR
STREET ADDRESS
1362 BRAMAN AVE. (D)
CITY-ST-ZIP
FORT MYERS, FLA.

TITLE
CHARLES E. TAYLOR, JR. V.P. ☒ Change ☐ Addition
NAME
CHARLES E. TAYLOR, JR.
STREET ADDRESS
1339 BROADWATER, DR.
CITY-ST-ZIP
FORT MYERS, FLA. 33919

TITLE
EMMIE W. TAYLOR (D) ☒ Change ☐ Addition
NAME
EMMIE W. TAYLOR
STREET ADDRESS
1339 BROADWATER, DR.
CITY-ST-ZIP
FORT MYERS, FLA.

TITLE
CAREN M. TAYLOR (D) ☒ Change ☐ Addition
NAME
CAREN M. TAYLOR
STREET ADDRESS
1362 BRAMAN AVE
CITY-ST-ZIP
FORT MYERS, FLA. 33901

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

SIGNATURE REQUIRED

Paul E. Taylor **7-27-03** **239-334-8924**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/02)