

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

UBR00024

DOCUMENT # F00000000782

03-12-2001 90445 013 ***158.75

1. Entity Name

WILLIAM D. TAYLOR SR. INC.

Principal Place of Business

Mailing Address

7186 SHOE MAKER RD.
 CIRCLEVILLE OH 43113

27186 SHOE MAKER RD.
 CIRCLEVILLE OH 43113

2. Principal Place of Business

250 E Broad Street

3. Mailing Address

250 E Broad Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Columbus OH

City & State

Columbus OH

Zip

Country

43215 Franklin

Zip

Country

43215

4. FEI Number **31-1418649**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHESONIS, MAH
6001 NW 33RD TERRACE
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name

MAH Chesonis

Street Address (P.O. Box Number is Not Acceptable)

5000 NW 39th Street

Suite

7

City

Gainesville

FL

Zip Code

32605

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

President

3-5-2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	TAYLOR, WILLIAM	
STREET ADDRESS	27186 SHOE MAKER RD.	
CITY-ST-ZIP	CIRCLEVILLE OH	
TITLE	S	<input type="checkbox"/> Delete
NAME	TAYLOR, KAREN M	
STREET ADDRESS	27186 SHOE MAKER RD.	
CITY-ST-ZIP	CIRCLEVILLE OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

Date

Daytime Phone #

CR2E034 (10/00)