

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000782

1. Entity Name

WILLIAM D. TAYLOR SR. INC.

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

03-12-2001 90445 013 ***158.75

Principal Place of Business

7186 SHOE MAKER RD.
CIRCLEVILLE OH 43113

Mailing Address

27186 SHOE MAKER RD.
CIRCLEVILLE OH 43113

2. Principal Place of Business

250 E Broad Street

Suite, Apt. #, etc.

200

City & State

Columbus OH

Zip

43215

Country

Franklin

3. Mailing Address

250 E Broad Street

Suite, Apt. #, etc.

200

City & State

Columbus OH

Zip

43215

Country

Franklin



DO NOT WRITE IN THIS SPACE

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

[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

TITLE P
NAME TAYLOR, WILLIAM
STREET ADDRESS 27186 SHOE MAKER RD.
CITY-ST-ZIP CIRCLEVILLE OH ☐ Delete

TITLE S
NAME TAYLOR, KAREN M
STREET ADDRESS 27186 SHOE MAKER RD.
CITY-ST-ZIP CIRCLEVILLE OH ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)