## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## Mar 22, 2002 8:00 am Secretary of State F01000005046 DOCUMENT # 1. Entity Name 03-22-2002 90041 004 \*\*\*150.00 E. F. TAYLOR, INC. Mailing Address Principal Place of Business 241 BRADLEY PLACE 241 BRADLEY PLACE PALM BEACH FL 33480 PALM BEACH FL 33480 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 51-0378924 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name \_ CHAUNCEY, HARRISON K JR. Street Address (P.O. Box Number is Not Acceptable) 241 BRADLEY PLACE PALM BEACH FL 33480 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition DPS ☐ Delete TITLE PT NAME KAUPE, SANDRA T NAME Kaupe, Sandra T. STREET ADDRESS 1185 NORTH LAKE WAY STREET ADDRESS 1185 North Lake Way CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP Palm Beach, FL 33480 Change ☐ Addition TITLE Delete TITLE CHAUNCEY, HARRISON K JR. NAME NAME Chauncey, Harrison K., STREET ADDRESS STREET ADDRESS 241 BRADLEY PLACE 241 Bradley Place CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 Palm Beach, FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Harrison K. Chauncey, Jr. 3/7/02 561-833-3001

**FILED**