

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006564

1. Entity Name

TAYLOR & MATHIS, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90008 042 ***150.00

Principal Place of Business 115 TOWN PARK DR SUITE 100 KENNESAW GA 30144-5509 US	Mailing Address 175 TOWN PARK DRIVE SUITE 100 KENNESAW GA 30144-5813 US
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LUU33203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-1021972	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREEN, THOMAS E 777 BRICKELL AVE., #610 MIAMI FL 33131

7. Name and Address of New Registered Agent	
Name BRIAN S. GALE	
Street Address (P.O. Box Number is Not Acceptable) 777 BRICKELL AVE.	
SUITE 610	
City MIAMI	FL Zip Code 33131

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.	E.H. AVERY EXEC VP-OPERATIONS	DATE 2/29/00
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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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	VD AVERY, E. H. 175 TOWER PARK DRIVE, SUITE 100 KENNESAW GA 30144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TAYLOR, ANDREW M 175 TOWN PARK DR SUITE 1100 KENNESAW GA 30144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FLUKER, JAMES D 175 TOWN PARK DR SUITE 100 KENNESAW GA 30144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BATTEY, CARROLL M 175 TOWN PARK DR SUITE 100 KENNESAW GA 30144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DOLBOW, FRANK C 175 TOWN PARK DR SUITE 100 KENNESAW GA 30144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OBRIEN, D. KERRY 175 TOWN PARK DR SUITE 100 KENNESAW GA 30144 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	E.H. AVERY	DATE 2/29/00	DAYTIME PHONE # 770-795-1330
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