

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90179 009 ***150.00

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1. Entity Name
J.J. TAYLOR DISTRIBUTING TAMPA BAY, INC.



Principal Place of Business

~~2000 E. 7TH AVENUE~~
~~TAMPA FL 33605~~

Mailing Address

11780 U.S. HWY. 1
STE. 204
NORTH PALM BEACH FL 33408

2. Principal Place of Business

5102 S. 16th Avenue

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL 33619-5336

City & State

4. FEI Number

59-3434011

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 P ☐ Delete
NAME PORTUNDO, MANUEL
STREET ADDRESS ~~5102 S. 16 AVENUE~~
CITY-ST-ZIP ~~TAMPA FL 33619~~

TITLE DT ☐ Delete
NAME DESPLAINES, HENRI J
STREET ADDRESS 11780 U.S. HWY. #1
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE DAS ☐ Delete
NAME TAYLOR, JOHN J III
STREET ADDRESS 11780 U.S. HWY. #1
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE S ☐ Delete
NAME CABLE, STUART M
STREET ADDRESS EXCHANGE PL.
CITY-ST-ZIP BOSTON MA 02109

TITLE D ☐ Delete
NAME TAYLOR, EDUARDA M
STREET ADDRESS 11780 US HWY ONE - SUITE 204
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5102 S 16th Avenue
CITY-ST-ZIP Tampa, FL 33619-5336

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03

Date

561-725-000

Daytime Phone #

CR2E034 (10/02)