2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCI IMPNIT # F9700005033

Zip

SIGNATURE

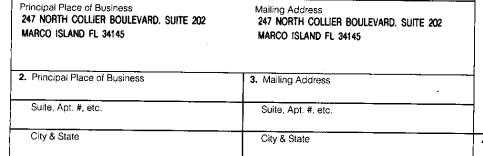
10.



FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90156 037 ***150.00

1 9 1 0000003933	(S. 3.3.
Entity Name IÓWARD TAYLOR & CO., INC.	
TATEON & CO., INC.	100
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☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 16-1372788 Not Applicable

Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

Nam MORRIS, WILLIAM G ESQ Stre 247 N. COLLIER BLVD. #202 MARCO ISLAND FL 34145

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et Address (P.O.	Box Number i	e Not Accepte	bla		
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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.

City

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Make Check Payable to Florida Department of State Trust Fund Contribution, 23

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2F034 (10/02) TAYLOR, HOWARD NAME NAME 1650 WINDING OAKS #103 STREET ADDRESS STREET ADDRESS NAPLES FL 34109 @TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE - Delete TITLE -- Change Addition NAME NAME STREET ADDRESS

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

☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change

Addition

12. I hereby certify that the information supplied with this filling 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 embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other lif

STREET ADDRESS

CITY-ST-ZIP