

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # H19684**1. Entity Name
KENT TAYLOR AND ASSOCIATES, INC.**Principal Place of Business**

2401 ROBERTS DRIVE

NICEVILLE
32578

FL

Mailing Address

2401 ROBERTS DRIVE

NICEVILLE
32578

FL

2. Principal Place of Business

3925 BALSAM DRIVE

3. Mailing Address

3925 BALSAM DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NICEVILLE

FL

City & State

NICEVILLE

FL

4. FEI Number**59-2464227****Applied For**☐ Not ApplicableZip
32578

Country

Zip
32578

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**TAYLOR KENT D
2401 ROBERTS DR.NICEVILLE FL
US**7. Name and Address of New Registered Agent****Name**

TAYLOR KENT D

Street Address (P.O. Box Number is Not Acceptable)
3925 BALSAM DRIVECity
NICEVILLE

FL

Zip Code
32578

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 _____ **04/22/2001**

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	D	<input type="checkbox"/> Delete
NAME	TAYLOR JUANITA	
STREET ADDRESS	2401 ROBERTS DR.	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TAYLOR KENT D	
STREET ADDRESS	2401 ROBERTS DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR KELLY S	
STREET ADDRESS	2401 ROBERTS DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR KENT D	
STREET ADDRESS	3925 BALSAM DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Kelly S. Taylor

D

04/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)