## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #** H86687

1. Entity Name

TAYLOR TRANSPORT, INC.



# **FILED** Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90180 050 \*\*\*150.00

Principal Plac 199 LIEWELLY LAKE CITY FL	····	Mailing Address 199 LIEWELLYN AVENUE 2150 E. BAYA AVE LAKE CITY FL 32025			ÎNDIN ÎNDÎN AMÎN ÎNDÎN AMAN ANDAN AMAN		
2. Principal Place of Business		3. Mailing Address 199Llewelly N AVE			8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 188/		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & Stat	e	City & State  LAKE City	¥/	4. FEI Number 59-2704154	Applied For Not Applicable		
Zip	Country	Zip 32025	Country USA	5. Certificate of Status Desired [	\$8.75 Additional Fee Required		
	6. Name and Address of Current	<del></del>		7. Name and Address of New Regis	tered Agent		
		المعطيع المراكب المراكب المراكب	~ Name~	Name~			
TAYLOR, C	JACKIE D.		Street A	ddress (P.O. Box Number is Not Acceptable)			
2150 E. B	AYA AVE		G.Foct / K		<u> </u>		
LAKE CITY	′ FL 32055			•			
	<b>.</b>	~	City	<del></del>	FL Zip Code		
	named entity submits this statement for jons of registered agent.	or the purpose of changing its re	egistered office or	registered agent, or both, in the State of Florida.	I am familiar with, and accept		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	ure required when reinstating)	DATE		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State		Election Campaign Financi     Trust Fund Contribution.	ng \$5.00 May Be Added to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 11		
TITLE /	PD	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME	TAYLOR, JACKIE D.		NAME				
	2150 E. BAYA AVE	•	STREET ADDRESS  CITY-ST-ZIP				
CITY-ST-ZIP	LAKE CITY FL						
NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	ANNEXTS CARE OF THE PRODUCT OFFICE AND ADMINISTRATION OF THE PRODUCT OF THE PROD	Change Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		Delete ·	TITLE	<del>'</del>	☐ Change ☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	<u></u>			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME STREET ADDRESS			NAME CERTAIN ADDRESS				
STREET ADDRESS   CITY-ST-ZIP	9 ,		STREET ADDRESS CITY-ST-ZIP				
TITLE	<u> </u>	Delete	TITLE		☐ Change ☐ Addition		
NAME		T Delete	NAME		C change C Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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:

SIGNATIDE/ZOUIGED,