

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J54373

1. Entity Name
TAYLOR ROAD AUTO COMPANY

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90147 028 ***150.00

Principal Place of Business
5310 TAYLOR ROAD
NAPLES FL 34109
US

Mailing Address
5310 TAYLOR ROAD
NAPLES FL 34109
US

2. Principal Place of Business

3. Mailing Address
6370 DANIELS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NAPLES, FLORIDA

4. FEI Number 59-2764951

Applied For
Not Applicable

Zip

Country

Zip
34109

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIXON, ROBERT J
5310 TAYLOR ROAD
NAPLES FL 34109

Name Robert J. Dixon
Street Address (P.O. Box Number is Not Acceptable)
6370 DANIELS ROAD
City NAPLES FL Zip Code 34109

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

ROBERT J. DIXON

3/13/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
DIXON, ROBERT J
5310 TAYLOR ROAD
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6370 DANIELS ROAD
NAPLES, FL 34109 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GIUSTINA, PETER A
5310 TAYLOR ROAD
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6370 DANIELS ROAD
NAPLES, FL 34109 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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

Robert J. Dixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02
Date

(941) 598-2997
Daytime Phone #

CR2E034 (9/01)