2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2001 8:00 am Secretary of State **DOCUMENT # J90839** 1. Entity Name TAYLOR ENGINEERING, INC. 03-28-2001 90198 008 ***150.00 Principal Place of Business Mailing Address 9000 CYPRESS GREEN DRIVE 9000 CYPRESS GREEN DRIVE STE 200 STE 200 AUU38744 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2850478 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, R. BRUCE, III Street Address (P.O. Box Number is Not Acceptable) 9000 CYPRESS GREEN DR STE 200 JACKSONVILLE FL 32256 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change ☐ Addition TITLE TITLE ☐ Delete NAME TAYLOR, R. BRUCE, III NAME STREET ADDRESS STREET ADDRESS 9086 CYPRESS GREEN DRIVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change Addition Delete TITLE TITLE TAYLOR, JUNE C. NAME STREET ADDRESS STREET ADDRESS 8343 HOLLYRIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Delete Change Addition TITLE TITLE HULL, TERRENCE J.-STREET ADDRESS STREET ADDRESS 4048 CLEARWATER OAKS DR. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change ☐ Addition TITLE ☐ Delete TITI F NAME TURGEON, JO NAME Jo Turgeon STREET ADDRESS STREET ADDRESS 7795 PT. VICENTE CT. 8685 Hunters Creek Drive South CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Jacksonville, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 first 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR