

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 05, 2003 8:00 am**  
**Secretary of State**

08-05-2003 90029 002 \*\*\*\*50.00  
08-05-2003 90029 001 \*\*\*\*\*5.00

DOCUMENT # L02000032371

1. Entity Name

J.P. TAYLOR LLC



Principal Place of Business

2991 CORTEZ BLVD.  
FT. MYERS FL 33901

Mailing Address

2991 CORTEZ BLVD.  
FT. MYERS FL 33901

55055455



2. Principal Place of Business

3. Mailing Address

1329 NE 1ST Ave.

Suite, Apt. #, etc.  
1329 NE 1ST Ave.

FT LAUDERDALE

City & State  
FT. LAUDERDALE FL

City & State

FL.

Zip  
33304

Country  
BROWARD

Zip  
33304

Country  
BROWARD

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JONATHAN M PRES.  
2991 CORTEZ BLVD.  
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name  
TAYLOR, JONATHAN M. PRES.  
Street Address (P.O. Box Number is Not Acceptable)  
1329 NE 1ST Ave.  
FT. LAUDERDALE  
City  
FL Zip Code  
33304

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.

SIGNATURE *J. M. Taylor*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/30/03  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VICE PRES</del> <del>JAMES E PROUT</del> <del>1329 NE 1ST AVE.</del> <del>FT. LAUDERDALE FL 33304</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. MGRM JAMES E PROUT 1329 NE 1ST AVE. FT LAUDERDALE, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*J. M. Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/30/03 954-462-3903  
Date Daytime Phone #

CP2E083 (4/03)