

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR).**

FILED
Jan 06, 2005 8:00 am
Secretary of State

01-06-2005 90001 039 ***150.00

DOCUMENT # L 37342

1. Entity Name

LARRY Taylor Construction, INC.



DO NOT WRITE IN THIS SPACE

50000164

2. Principal Place of Business

14603 Tudor Chase Dr

Suite, Apt. #, etc.

3. Mailing Address

14603 Tudor Chase Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FLORIDA

Zip

33626

Country

USA

City & State

Tampa, FLORIDA

Zip

33626

Country

USA

4. FEI Number

65-0160128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name LARRY L. Taylor

Street Address (P.O. Box Number is Not Acceptable)

14603 Tudor Chase Drive

City Tampa

FL

Zip Code

33626

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

President

1-1-05

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE President
NAME LARRY L. TAYLOR
STREET ADDRESS 14603 Tudor Chase Drive
CITY-ST-ZIP Tampa, FL 33626

TITLE Vice President
NAME Robin D. Taylor
STREET ADDRESS 14603 Tudor Chase Drive
CITY-ST-ZIP Tampa, FL 33626

TITLE Secretary
NAME Robin D. Taylor
STREET ADDRESS 14603 Tudor Chase Drive
CITY-ST-ZIP Tampa, FL 33626

TITLE Treasurer
NAME LARRY L. TAYLOR
STREET ADDRESS 14603 Tudor Chase Dr
CITY-ST-ZIP Tampa, FL 33626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
LARRY L. Taylor

1-1-05 (913) 926-4512

Date

Daytime Phone #

CR2E034B (12/02)