

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90078 007 \*\*\*150.00

**DOCUMENT # L87087**

1. Entity Name  
**TACCOR, INC.**



Principal Place of Business  
**1837 KEMPTON RD  
CHARLESTON SC 29412  
US**

Mailing Address  
**1837 KEMPTON RD  
CHARLESTON SC 29412  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **57-0971297**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**VAUGHEN, DANIEL R.  
1485 PERIWINKLE DR  
DELAND FL 32724**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE \_\_\_\_\_  
NAME **DPST**  
STREET ADDRESS **ORGAN, LESLIE W.**  
CITY-ST-ZIP **1837 KEMPTON RD  
CHARLESTON SC 29412** ☐ Delete

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_ ☐ Change ☐ Addition

TITLE \_\_\_\_\_  
NAME **DV**  
STREET ADDRESS **BRADHAM, GILBERT B.**  
CITY-ST-ZIP **333 CONFEDERATE CIRCLE  
CHARLESTON SC 29407** ☐ Delete

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_ ☐ Change ☐ Addition

TITLE \_\_\_\_\_  
NAME **D**  
STREET ADDRESS **STEWART, ROBERT W.**  
CITY-ST-ZIP **201 HUNTINGTON RD.  
GREENVILLE SC 29615** ☐ Delete

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_ ☐ Change ☐ Addition

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CITY-ST-ZIP \_\_\_\_\_ ☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)