

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90092 028 ****50.00

DOCUMENT # M99000000109

1. Entity Name
TAYLORBRITE, LLC

Principal Place of Business

**1900 47TH TERRACE EAST
 BRADENTON FL 34203**

Mailing Address

**P.O. BOX 1190
 66 KINGSBORO AVE.
 GLOVERSVILLE NY 12078**

2. Principal Place of Business

3. Mailing Address

66 KINGSBORO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GLOVERSVILLE NY

Zip

Country

Zip

Country

12078

4. FEI Number **39-1927949**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

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 \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **TAYLOR MADE INVESTMENT COMPANY, LLC**
 STREET ADDRESS **66 KINGSBORO AVENUE**
 CITY-ST-ZIP **GLOVERSVILLE NY 12078**

TITLE **MGRM** ☐ Delete
 NAME **EVERBRITE, INC.**
 STREET ADDRESS **4949 S. 110TH STREET**
 CITY-ST-ZIP **GREENFIELD WI 53220**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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: **MANAGING MEMBER**

3/18/02

CR2E083 (9/01)