

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003415

1. Entity Name

TAYLOR COASTAL UTILITIES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90047 044 ****70.00

Principal Place of Business

Mailing Address

~~RT 2 BOX 208~~ *21468 Sandpiper South,*
~~SANDPIPER ROAD~~
PERRY FL 32347
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3192651

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEISSNER, ROBERT W P.E.

~~RT 2 BOX 208~~
~~SANDPIPER ROAD~~
PERRY FL 32347

21468 Sandpiper South,

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BEACH, TRAVIS
STREET ADDRESS RT 2 BOX 131
CITY-ST-ZIP PERRY FL 32347 ☐ Delete

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

TITLE D
NAME MOODY, JIM
STREET ADDRESS RT 2, BOX 18
CITY-ST-ZIP PERRY FL 32347 ☐ Delete

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

TITLE D
NAME MURPHY, LARRY
STREET ADDRESS RT 2 BOX 165E
CITY-ST-ZIP PERRY FL 32347 ☐ Delete

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

TITLE D
NAME TOWLES, BETTY
STREET ADDRESS RT 2 BOX 244A
CITY-ST-ZIP PERRY FL 32347 ☐ Delete

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

TITLE STD
NAME BALLINGER, BOBO
STREET ADDRESS RT 2, BOX 237
CITY-ST-ZIP PERRY FL 32347 ☐ Delete

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

TITLE VD
NAME MCKINNEY, MIKE
STREET ADDRESS P O BOX 1428 N/A
CITY-ST-ZIP PERRY FL 32348 ☐ Delete

TITLE
NAME
STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

850-584-5087 x 157

Date

Daytime Phone #

CR2E037 (9/99)