

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90105 006 ***150.00

DOCUMENT # P00000008424

1. Entity Name
JEFF TAYLOR, INC.

Principal Place of Business
13883 ISHWALA CIRCLE
WELLINGTON FL 33414-7950

Mailing Address
13883 ISHWALA CIRCLE
WELLINGTON FL 33414-7950

2. Principal Place of Business
13883 ISHWALA CIRCLE
 Suite, Apt. #, etc. -

3. Mailing Address
13883 ISHWALA CIRCLE
 Suite, Apt. #, etc. -



DO NOT WRITE IN THIS SPACE

City & State
Wellington, FL

City & State
Wellington, FL

4. FEI Number
65-0977487

Applied For
☐ **Not Applicable**

Zip
33414 FL

Country
30 Palm Beach

Zip
33414-7950

Country
30 Palm Beach

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

6. Name and Address of Current Registered Agent

TAYLOR, JEFFREY L
13883 ISHWALA CIRCLE
WEST PALM BEACH FL 33414

ISHWALA CIRCLE
(ISHWALA CIRCLE)

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, JEFFREY L	
STREET ADDRESS	13883 ISHWALA CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414-7950	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	TAYLOR, LISA D	
STREET ADDRESS	13883 ISHWALA CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414-7950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13883 ISHWALA CIRCLE
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13883 ISHWALA CIRCLE
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

561-792-9184

Date

Daytime Phone #

CR2E034 (9/01)