UNIFORM BUSINESS REPORT (UBR)

attachment with an address, with all

SIGNATURE:

CR2E034B (12/01

SECRETARY OF STATE DOCUMENT # p 00000030244 DIVITION OF CORPORATIONS 1. Entity Name 02 MAR 22 PM 4: 00 William Taylon Entenprises, Inc. DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 4527 1527 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For TUP ITER Tupiten Pl 65-0996 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of Current Registered Agent WILLIAM Street Address (P.O. Box Number is Not Acceptable DO NOT WRITE (Avec IN THIS SPACE City o poter 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 (NOTE: Registered Agent signature required when reinstating) ent and title if applicable. January 1 - May 1 Fee is \$150.00 بَعِ. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS **έ4**. President TITLE TITLE 500005282585-NAME NAME WILLIAM TAYLOR -04/16/02--01038--031 STREET ADDRESS STREET ADDRESS ****300.00 ****300.00 TUP Iten CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on an

OF SIGNING OFFICER OR DIRECTOR

allackonest Dr. # 70000030214

1527 Lance Kg Topiten, F1 33469 Manch 13,2002

Uniform Pousiness Report Division of Core ponations POROX 1500 Tall Ahassee .FL.

3230-2

Dean Sins

(\$ 300.00)

Euclosed is a check for 2001 + 2002's Components Frees + UBR for William Taylor

Entemprisas

I request that the Division of Componentians

Pleace waive the late feel Associated with

the paion years as I (william Taylor Entemprices)

Never received the approxipate forms in

the must.

To thank you in Advance for say Assistance you can give me.

Sincindy Wy. To 11-