

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-15-2001 90024 019 ***150.00

DOCUMENT # P00000058035

1. Entity Name
UNITED BRIDGEWORKS, INC.

Principal Place of Business

1321 SHADY OAK LANE
 JASPER FL 32052

Mailing Address

1321 SHADY OAK LANE
 JASPER FL 32052

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

37-3726015

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE FL 32301

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, 2001 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **TAYLOR, GREGORY**
 CITY-ST-ZIP **1321 SHADY OAK LANE**
JASPER FL 32052

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 NAME
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 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:

Gregory D. Taylor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-01

Daytime Phone #

904-792-3060

CR2034 (10/00)

Filed JUNE 13, 01

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **59-3726045**

OMB No. 1545-0003

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions)	Gregory D. Taylor United Bridge Works, Inc.	
	2 Trade name of business (if different from name on line 1)	United Bridge Works, Inc.	
	3 Executor, trustee, "care of" name	Gregory D. Taylor	
	4a Mailing address (street address) (room, apt., or suite no.)	1321 SHADY OAK LN.	
	5a Business address (if different from address on lines 4a and 4b)	1321 SHADY OAK LN.	
	4b City, state, and ZIP code	JASPER, FL 32052	
	5b City, state, and ZIP code	JASPER, FL 32052	
6 County and state where principal business is located	Alam: 1 lon FLORIDA		
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►	Gregory D Taylor 267-060132		

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Personal service corp.
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> State/local government	<input type="checkbox"/> National Guard
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> Other nonprofit organization (specify)	<input type="checkbox"/> Trust
<input type="checkbox"/> Other (specify) ► CORPORATION	<input type="checkbox"/> Federal government/military
(enter GEN if applicable)	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FLORIDA	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ► Construction & Fiber Optics	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)	11 Closing month of accounting year (see instructions)
6-7-2000	December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	0
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)	Nonagricultural 70	Agricultural	Household
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14 Principal activity (see instructions) ► Contracting

15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ►		

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.		

17b—If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	
Legal name ► Gregory D. Taylor	Trade name ► United Bridge Works

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (mo., day, year) July 1992	City and state where filed Jasper Fla.	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code)
	(904) 792-3060
	Fax telephone number (include area code)
Name and title (Please type or print clearly.) ► Gregory D. Taylor Pres.	(904) 792-3061

Signature ► Dugy D. Jph	Date ► 6-7-01
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Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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