

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90125 044 \*\*\*150.00

**DOCUMENT #** P00000072375  
**1. Entity Name**  
 TAYLOR MOBILE HOME SALES, INC. ✓

**Principal Place of Business** 18900 US HIGHWAY 441 NORTH  
 ORANGE LAKE, FL 32681  
**Mailing Address** P.O. BOX 592  
 ORANGE LAKE, FL 32681-0592

**2. Principal Place of Business** 18900 US HIGHWAY 441 NO.  
 ORANGE LAKE  
**3. Mailing Address** P.O. BOX 592  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

**City & State** FL  
**City & State** ORANGE LAKE, FL  
**Zip** 32681 **Country** USA  
**Zip** 32681-0592 **Country** USA

**4. FEI Number** 59-3697557  
**Applied For** Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 RICHARD D. TAYLOR -  
 15351 NE 132ND CT.  
 FT. MCCOY, FL 32134

**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** RICHARD D. TAYLOR, PRESIDENT *Richard D. Taylor* 4-25-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) 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**

|                       |                     |                                 |
|-----------------------|---------------------|---------------------------------|
| <b>TITLE</b>          | PRESIDENT           | <input type="checkbox"/> Delete |
| <b>NAME</b>           | RICHARD D. TAYLOR   |                                 |
| <b>STREET ADDRESS</b> | 15351 NE 132ND CT.  |                                 |
| <b>CITY-ST-ZIP</b>    | FT. MCCOY, FL 32134 |                                 |
| <b>TITLE</b>          | VICE PRESIDENT      | <input type="checkbox"/> Delete |
| <b>NAME</b>           | HOLLY W. TAYLOR     |                                 |
| <b>STREET ADDRESS</b> | 15351 NE 132ND CT.  |                                 |
| <b>CITY-ST-ZIP</b>    | FT. MCCOY, FL 32134 |                                 |
| <b>TITLE</b>          | SECRETARY           | <input type="checkbox"/> Delete |
| <b>NAME</b>           | ROBERT B. TAYLOR    |                                 |
| <b>STREET ADDRESS</b> | 13405 E. HWY. 316   |                                 |
| <b>CITY-ST-ZIP</b>    | FT. MCCOY, FL 32134 |                                 |
| <b>TITLE</b>          |                     | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                     |                                 |
| <b>STREET ADDRESS</b> |                     |                                 |
| <b>CITY-ST-ZIP</b>    |                     |                                 |
| <b>TITLE</b>          |                     | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                     |                                 |
| <b>STREET ADDRESS</b> |                     |                                 |
| <b>CITY-ST-ZIP</b>    |                     |                                 |
| <b>TITLE</b>          |                     | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                     |                                 |
| <b>STREET ADDRESS</b> |                     |                                 |
| <b>CITY-ST-ZIP</b>    |                     |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                       |  |                                                                   |
|-----------------------|--|-------------------------------------------------------------------|
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |                                                                   |
| <b>STREET ADDRESS</b> |  |                                                                   |
| <b>CITY-ST-ZIP</b>    |  |                                                                   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |                                                                   |
| <b>STREET ADDRESS</b> |  |                                                                   |
| <b>CITY-ST-ZIP</b>    |  |                                                                   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |                                                                   |
| <b>STREET ADDRESS</b> |  |                                                                   |
| <b>CITY-ST-ZIP</b>    |  |                                                                   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |                                                                   |
| <b>STREET ADDRESS</b> |  |                                                                   |
| <b>CITY-ST-ZIP</b>    |  |                                                                   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |                                                                   |
| <b>STREET ADDRESS</b> |  |                                                                   |
| <b>CITY-ST-ZIP</b>    |  |                                                                   |

**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 807, 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:** *Holly W. Taylor* HOLLY W. TAYLOR 4-25-01 352-236-4818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (11/00)