FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 29, 2002 8:00 am \{\} Secretary of State P00000074611 DOCUMENT # 1. Entity Name 04-29-2002 90212 005 \*\*\*150 00 TAYLOR & TAYLOR DEVELOPMENT, INC. Principal Place of Business Mailing Address 813 CHADSWORTH AVENUE PO BOX 6979 80080247 SEFFNER FL 33584 SEFFNER FL 33583-6979 2. Principal Place of Business 3. Mailing Address 5651 Pine St. Ste B Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste B. City & State Applied For City & State 4. FEI Number 59-3662556 Not Applicable Seffner. Country Zip \$8.75 Additional 5. Certificate of Status Desired 33584 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, JERRY B Street Address (P.O. Box Number is Not Acceptable) 813 CHADSWORTH AVENUE SEFFNER FL 33584 City 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 Jerry B Taylor (NOTE: Hegistered Agent signature required when reinstating) printed name of redistered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE ☐ Delete TAYLOR, JERRY B NAMÉ NAME 813 CHADSWORTH AVENUE STREET ADDRESS STREET ADDRESS SEFFNER FL 33584 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition D۷ TITLE ☐ Delete TITLE TAYLOR, WILBUR RAY NAME NAME 734 STILLVIEW CIRCLE STREET ADDRESS STREET ADDRESS **BRANDON FL 33510** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE MARCOUX, BENJAMIN P NAME NAME 7132 BRENTWOOD ROAD S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33919 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 appears with an address, with \$\frac{1}{2}\$ if other like empowered.

SIGNATURE:

REQUIRED B. Taylor 0.0000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR