

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90096 005 ***150.00

DOCUMENT # P00000116050

1. Entity Name
TAYLOR DIVERSIFIED ENTERPRISES, INC.



Principal Place of Business
1717 C. R. 220 #2604
ORANGE PARK FL 32003

Mailing Address
1717 C. R. 220 #2604
ORANGE PARK FL 32003

2. Principal Place of Business

1390 Brookgreen Way
Suite, Apt. #, etc.
FF

3. Mailing Address

P.O. Box 8021
Suite, Apt. #, etc.

City & State
Fleming Island, FL

City & State
Fleming Island, FL

Zip Country
32003 USA

Zip Country
32006 USA

4. FEI Number 65-1063857

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, MICHAEL K
1717 C.R. 220 #2604 1390 Brookgreen Way
ORANGE PARK FL 32003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael K. Taylor* President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

01/18/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME TAYLOR, MICHAEL K
STREET ADDRESS 1717 C.R. 220 #2604 P.O. Box 8021
CITY-ST-ZIP ORANGE PARK FL 32003 Fleming Island, FL 32006

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

TITLE VPSD ☐ Delete
NAME TAYLOR, TARI J
STREET ADDRESS 1717 C.R. 220 #2604 P.O. Box 8021
CITY-ST-ZIP ORANGE PARK FL 32003 Fleming Island, FL 32006

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

TITLE D ☐ Delete
NAME TAYLOR, JERRY K
STREET ADDRESS 3467 W CYPRESS DR 732 Mikasuki Dr
CITY-ST-ZIP DUNNELLON FL 34433 Lakehead, FL 33813

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

TITLE D ☐ Delete
NAME TAYLOR, KAREN A
STREET ADDRESS 3467 W CYPRESS DR 732 Mikasuki Dr
CITY-ST-ZIP DUNNELLON FL 34433 Lakehead, FL 33813

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael K. Taylor* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/03 904-278-1143
Date Daytime Phone #

CR2E034 (10/02)