

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001545

1. Entity Name

JOHN TAYLOR'S PAINTING, INC.

FILED
Jul 16, 2001 8:00 am
Secretary of State

07-16-2001 90003 016 ***150.00

Principal Place of Business

413 ALCAZAR AVENUE
ALTAMONTE SPRINGS FL 32714

Mailing Address

413 ALCAZAR AVENUE
ALTAMONTE SPRINGS FL 32714

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JOHN
413 ALCAZAR AVENUE
ALTAMONTE SPRINGS FL 32714

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 PD
STREET ADDRESS TAYLOR, JOHN
CITY-ST-ZIP 413 ALCAZAR AVENUE
ALTAMONTE SPRINGS FL 32714

TITLE ☐ Delete
NAME VD
STREET ADDRESS TAYLOR, BARBARA
CITY-ST-ZIP 413 ALCAZAR AVENUE
ALTAMONTE SPRINGS FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5/01 407-862-7423

CR2E034 (10/00)

Attachment
#PD1000001545

7/5/01

To Whom it may concern: C0073485

My husband (John Tylan) had a stroke
in December and I'm trying to take care of
the business. Due to his short-term
memory loss it has been very hard for me
to know what I need to do with the bills
and forms for the business. I found
this form yesterday and called your
office to see what to do with it. They
told me to mail it in with the \$150 and
ask that you will please accept this
at this time. Due to not having steady
work part of the time, we didn't have
the money to send either. John has been
able to work part-time, with my help,
but he can't remember a lot of the
business stuff. I have to do billing,
scheduling, as well as pay bills & help
him paint.

Please consider my circumstances and
accept this payment if you can to get
us back on track.

Thank you,

Barbara Tylan

J. & John Tylan