

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000009358

1. Entity Name

TAYLOR & TAYLOR PEST CONTROL & TERMITE, INC.



FILED

03 APR 17 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4439 WEST WALLACE AVENUE
TAMPA FL 33611

Mailing Address
4439 WEST WALLACE AVENUE
TAMPA FL 33611

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 59-3694306

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name SPIEGEL & UTRERA, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22 Street
4th Floor
City Miami FL Zip Code 33145

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. Spiegel & Utrera, P.A.

SIGNATURE

By: *Natalia Utrera*

Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)

Natalia Utrera, Vice President

DATE

4/16/03

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

TITLE PD
NAME TAYLOR, BYRON L
STREET ADDRESS 4439 WEST WALLACE AVENUE
CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

TITLE SVT
NAME TAYLOR, PAMELA J
STREET ADDRESS 4439 WEST WALLACE AVENUE
CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800017551588
04/30/03--01037--003 **150.00

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Natalia Utrera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

Date

813-839-9448

Daytime Phone #

CR2E034 (10/02)

0458477 AV