

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024762

1. Entity Name  
JESSE WADE TAYLOR, INC.

Principal Place of Business  
4900 MANGO BLVD  
WEST PALM BEACH FL 33411

Mailing Address  
4900 MANGO BLVD  
WEST PALM BEACH FL 33411

2. Principal Place of Business  
4900 MANGO BLVD.  
Suite, Apt. #, etc.

3. Mailing Address  
4900 MANGO BLVD.  
Suite, Apt. #, etc.

City & State  
WPA FL

City & State  
WPA FL

Zip  
33411

Country  
USA

Zip  
33411

Country  
USA

4. FEI Number  
65-1088773

Applied For  
Not Applicable

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

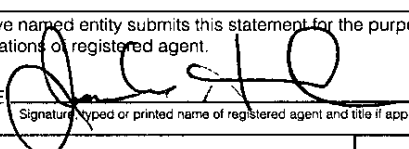
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, JESSE W  
4900 MANGO BLVD  
WEST PALM BEACH FL 33411

Name  
JESSE WADE TAYLOR  
Street Address (P.O. Box Number is Not Acceptable)  
4900 MANGO BLVD.  
City WPA FL Zip Code 33411

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   
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 12/14/04

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME TAYLOR, JESSE W  
STREET ADDRESS 4900 MANGO BLVD  
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
700043538207  
12/20/04--01071--008 \*\*1058.75.

TITLE VS  
NAME FARKAS, MARTHA  
STREET ADDRESS 4900 MANGO BLVD  
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 statement 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 REQUIRED WADE TAYLOR 12/14/04 561-253-4674

FILED

04 DEC 20 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT** 02-04



DO NOT WRITE IN THIS SPACE

0076478 AV

CR2E034 (4/02)