

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91772 034 ***150.00

DOCUMENT # P01000047123

1. Entity Name
Tayco Enterprises, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1305 New Jersey Ave		3. Mailing Address 1305 New Jersey Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lynn Haven FL		City & State Lynn Haven FL	
Zip 32444	Country USA	Zip 32444	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3722467		Applied For ☐
			Not Applicable ☐
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
Name Brian Taylor			
Street Address (P.O. Box Number Is Not Acceptable) 1305 New Jersey Ave			
City Lynn Haven FL Zip Code 32444			

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  **Brian Taylor President** **2-19-03**

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

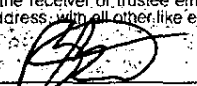
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brian Taylor 1305 New Jersey Ave Lynn Haven FL 32444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE:  **Brian Taylor** **2-19-03** **850-271-1214**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)