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

## FILED May 27, 2002 8:00 am Secretary of State 05-27-2002 90327 006 \*\*\*150.00

DOC	UMENT# P010001	18162		03-27-2002 90327 000	130.00
1. Entity N	ame				
TAYI	OR BROTHERS LAND CL	EADING TNG	$\checkmark$		
	OK BROTHERS LAND CL	<b>671</b> 595			
	DO NOT WRITE	E IN THIS C	· · · · · · · · · · · · · · · · · · ·		
	DO MOL MICH	= 114 1 LI 2 2	PACE		
	Place of Business	3. Mailing Address	<u> </u>		
Rt. 4, Box 3254 Rt.		Rt. 4, Box	3254		
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
		City & State		4. FEI Number Applied For	
– Lake	Butler FI Country	Lake Butle:	r, FL	59-3760526	Applied For Not Applicable
3205	4 Union	32054	Country	5. Certificate of Status Desired . 7 \$8.75	Additional
والنائل الشيباء المال	the second section with the section of the second section of the s	D. March. Mr. and Artic		7. Name and Address of Current Registered Agent	ired
4		*	Name		
A 15.	DO NOT W	RITE	Street Addre	ald Ervin Taylor ess (P.O. Box Number is Not Acceptable)	
, ү е	IN THIS SI	PACE	Rt.	3, Box 184-F	
. •					
		•	City Lake	e Butler FL 398	ocie
o. The above	e named entity submits this statement to	or the purpose of changing i	ts registered office ar regi	stered agent, or both, in the State of Florida.	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After Ma Amend	May 1 Fee is \$150.00 y 1, Fee is \$550.00 ed UBR is \$61.25		.00 May Be
11.	OFFICERS AND	Make Check Paya	ble to Department of S	otate Add	ed to Fees
TITLE	President		TITLE	3	
NAME Street address	Gary David Taylor	•	NAME		п
STREET ADDRESS CITY+ST-ZIP	Rt. 4, Box 3254		STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	44
TITLE	=	2054	CITY-ST-ZIP		inge Grand de la companya
NAME	Secretary- Treasure	er	, TITLE NAME	**************************************	
STREET ADDRESS	Ronald Ervin Taylor	•	STREET ADDRESS		
CITY -ST- ZIP	Rt. 3, Box 184-F Lake Butler, FL 32	2054	City+st-zip	# P P P P P P P P P P P P P P P P P P P	"
TTLE NAME			TITLE	3 3	,
TREET ADDRESS	سيستان أستهمين المتارات وللمنا		NAME CORPORATE ADDRESS	يد من سابع فيداكيم التي الراسي المستولي منها الميلي المنطقة المراسية المستود المنطقة	ا سپپستانس په <del>اپ</del>
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AME TREET ADDRESS		•	NAME	IN THIS SPACE	
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TLE			City-St-ZiP		i.
WE			NAME		
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REET ADDRESS			HAME		
TY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
. I hereby ce	ertify that the information supplied with the	is filing does not qualify for			

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 attachment with an address, with all other like empowered.

SIG	NΔ	TII	DE.

WISE C' COSTO NATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-2