

FILED  
Feb 18, 2003 8:00 am  
Secretary of State

01-31-2003 90121 045 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000038745

1. Entity Name  
TAYLOR MADE BUILDERS, INC.



Principal Place of Business  
3436 SW 6TH ST.  
CAPE CORAL FL 33991

Mailing Address  
3436 SW 6TH ST.  
CAPE CORAL FL 33991

2. Principal Place of Business  
1020 N.E. PINE ISLAND RD.

3. Mailing Address  
1020 N.E. PINE ISLAND RD.

Suite, Apt. #, etc.  
#205

Suite, Apt. #, etc.  
#205

☒ CHECK HERE IF MAKING CHANGES

City & State  
CAPE CORAL, FL.

City & State  
CAPE CORAL, FL.

4. FEI Number  
03-0415798

Applied For  
Not Applicable

Zip  
33909

Country  
U.S.

Zip  
33909

Country  
U.S.

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

6. Name and Address of Current Registered Agent

TRAYLOR, GARY  
3436 SW 6TH ST.  
CAPE CORAL FL 33991

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE GARY L. TRAYLOR PRESIDENT 1-29-03  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	TRAYLOR, GARY	3436 SW 6TH ST.	CAPE CORAL FL 33991	<input type="checkbox"/>
D	TRAYLOR, DEBRA	3436 SW 6TH ST.	CAPE CORAL FL 33991	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

GARY L. TRAYLOR PRES. 1-29-03 239-770-4912  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)