
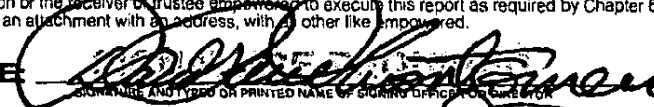


FILED
Jun 06, 2003 8:00 am
Secretary of State

05-05-2003 91775 023 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/1

DOCUMENT # P02000050237			
1. Entity Name TAYLOR DESIGNS II, INCORPORATED			
Principal Place of Business 2103 MANATEE AVENUE WEST BRADENTON FL 34205		Mailing Address 2103 MANATEE AVENUE WEST BRADENTON FL 34205	
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 06-1638016	
		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MONTGOMERY, DAVID P SR. 2103 MANATEE AVENUE WEST BRADENTON FL 34205		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SEC. MONTGOMERY, DAVID P 2103 MANATEE AVENUE WEST BRADENTON FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.			
SIGNATURE  Typed or printed name of signing officer or director		04/30/03 941-7488470 Date Daytime Phone #	



Attachment 55046798
#P02000050237
The MONTGOMERY * WALCH Law Firm

Attorneys & Counselors at Law, Mediators & Arbitrators

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Facsimile: (941) 747-6804

June 3, 2003

Florida Department of State

Division of Corporations

PO Box 1500

Tallahassee, FL 32302/1500

Re: Taylor Designs II, Incorporated; Ref. No.: P02000050237

Dear Sir or Madam:

Pursuant to your correspondence of May 21, 2003, enclosed herewith please find the completed annual report/uniform business report for the above referenced corporation indicating the FEI Number (block 4) as 06 -1638816.

We understand that the report is now complete and will be filed accordingly. If there is anything further required, please do not hesitate to contact us.

Thank you for your attention and assistance in this regard.

Sincerely,

The MONTGOMERY Law Firm

David Paul Montgomery, Esquire

Enclosure

cc: Client (with enclosure)