

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

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90184 019 \*\*\*150.00

**DOCUMENT # P02000078631**



1. Entity Name  
**TAYLOR INSURANCE GROUP, INC**

Principal Place of Business  
**11516 SAN JOSE BLVD  
SUITE 4  
JACKSONVILLE FL 32223**

Mailing Address  
**11516 SAN JOSE BLVD  
SUITE 4  
JACKSONVILLE FL 32223**



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

**48-1273307**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TAYLOR, CAROL H  
5301 HERONVIEW DRIVE  
JACKSONVILLE FL 32257**

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

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, CAROL H</b>	
STREET ADDRESS	<b>5301 HERONVIEW DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FRONCZAK, LESLIE S</b>	
STREET ADDRESS	<b>9170 LATIMER ROAD WEST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, CONNIE</b>	
STREET ADDRESS	<b>12607 QUARTERHORSE TRAIL</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, RHYAN D</b>	
STREET ADDRESS	<b>137 3RD AVE SOUTH</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KLUGE, SUSAN</b>	
STREET ADDRESS	<b>3855 SCHOENWALD LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)