

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

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

05-05-2003 91782 027 ***150.00

DOCUMENT # **PO2000102558**

1. Entity Name

Taylor Limousine, Inc.



DO NOT WRITE IN THIS SPACE

11041473

2. Principal Place of Business

27367 Imperial Oaks Circle

3. Mailing Address

27367 Imperial Oaks Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

56-2303807

Applied For

Not Applicable

Zip

34135

Country

USA

Zip

34135

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

J. Blan Taylor, III

Street Address (P.O. Box Number is Not Acceptable)

27367 Imperial Oaks Circle

City

Bonita Springs

FL

Zip Code

34135

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

4-30-03

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PST**
NAME **J. Blan Taylor, III**
STREET ADDRESS **27367 Imperial Oaks Circle**
CITY-ST-ZIP **Bonita Springs, FL 34135**

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**DO NOT WRITE
IN THIS SPACE**

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

(Signature and typed or printed name of signing officer or director)

4-30-03

Date

239-825-0612

Daytime Phone #

CR2E034B (12/02)