

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025602

1. Entity Name
TAYLOR AIRPORT TRANSPORTATION AND REMOVAL SERVIC

Principal Place of Business
10299 SUNSHINE GROVE ROAD
BROOKSVILLE FL 34613

Mailing Address

10299 SUNSHINE GROVE ROAD
BROOKSVILLE FL 34613

2. Principal Place of Business
ABOVE

3. Mailing Address
ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
ABOVE

City & State

City & State
ABOVE

Zip

Zip
ABOVE

Country

Country
ABOVE

4. FEI Number **59-3177030** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, PAUL
10299 SUNSHINE GROVE ROAD
BROOKSVILLE FL 34613

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.

SIGNATURE *X B. Paul Taylor*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D**
NAME TAYLOR, PAUL
STREET ADDRESS 10299 SUNSHINE GROVE ROAD
CITY-ST-ZIP BROOKSVILLE FL 34613

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
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CITY-ST-ZIP

Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X B. Paul Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01

1-352-596-5767

Date

Daytime Phone #

02-03-2001 90037 014 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)