

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90047 014 \*\*\*150.00

DOCUMENT # P93000027960

1. Entity Name

✓ NTAYLOR ENTERPRISES, INC.

Principal Place of Business

96 MAYFAIR LANE  
BOYNTON BEACH FL 33462

Mailing Address

96 MAYFAIR LANE  
BOYNTON BEACH FL 33462

00022688



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15 Chatsworth Lane

3. Mailing Address

15 Chatsworth Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Flagler Beach

City & State

Flagler Beach FL

4. FEI Number

65-0403135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, NITA  
96 MAYFAIR LANE  
BOYNTON BEACH FL 33462

7. Name and Address of New Registered Agent

Name

NITA TAYLOR

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

15 Chatsworth Lane

City

Flagler Beach FL

Zip Code

32136

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

*Nita Taylor*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/01

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          | P                      | <input type="checkbox"/> Delete |
| NAME           | TAYLOR, NITA           |                                 |
| STREET ADDRESS | 96 MAYFAIR LANE        |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33462 |                                 |
| TITLE          | ST                     | <input type="checkbox"/> Delete |
| NAME           | CHATELLE, STEVE        |                                 |
| STREET ADDRESS | 96 MAYFAIR LANE        |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33462 |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | 15 Chatsworth Lane   |
| CITY-ST-ZIP    | Flagler Beach, FL 32136  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | 15 Chatsworth Lane   |
| CITY-ST-ZIP    | Flagler Beach, FL 32136  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Nita Taylor* NITA TAYLOR, Pres 2/13/01 904-439-0588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)