

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

DOCUMENT # **P93000027960**

1. Entity Name

NTAYLOR ENTERPRISES, INC.



**FILED  
Mar 21, 2003 8:00 am  
Secretary of State**

03-21-2003 90071 010 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

Principal Place of Business  
15 CHATSWORTH LANE  
FLAGLER BEACH FL 32136

Mailing Address  
15 CHATSWORTH LANE  
FLAGLER BEACH FL 32136

2. Principal Place of Business  3. Mailing Address

Suite, Apt. #, etc.  Suite, Apt. #, etc.

City & State  City & State

4. FEI Number **65-0403135**  Applied For  
 Not Applicable

Zip  Country  Zip  Country

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

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

TAYLOR, NITA  
15 CHATSWORTH LANE  
FLAGLER BEACH FL 32136

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  **\$5.00** May Be  
Trust Fund Contribution.  Added to Fees

**10. OFFICERS AND DIRECTORS**

**11.**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, NITA 15 CHATSWORTH LANE FLAGLER BEACH FL 32136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHATELLE, STEVE 15 CHATSWORTH LANE FLAGLER BEACH FL 32136	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Nita Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/03 3864390588**

Date Daytime Phone #

CR2E034 (10/02)