

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035595

1. Entity Name

TAYCO INVESTMENT PROPERTIES INCORPORATED

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90077 037 ***158.75

00048114



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3210 WEST TENNESSEE ST.
TALLAHASSEE FL 32304

Mailing Address

3210 WEST TENNESSEE ST.
TALLAHASSEE FL 32304

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 59-3181817

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, RICHARD
3210 WEST TENNESSEE ST.
TALLAHASSEE FL 32304

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME TAYLOR, RICHARD
STREET ADDRESS 3182 FULMER CIRCLE SOUTH
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE P
NAME Richard Taylor
STREET ADDRESS 1508 Hilltop Drive
CITY-ST-ZIP Tallahassee, Florida 32303 ☐ Change ☐ Addition

TITLE VST
NAME TAYLOR, SHERYL
STREET ADDRESS 3182 FULMER CIRCLE SOUTH
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE VST
NAME SHERYL TAYLOR
STREET ADDRESS 1508 Hilltop Drive
CITY-ST-ZIP Tallahassee, Florida 32303 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)