

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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90103 032 ***150.00

DOCUMENT # **994000006253**

1. Entity Name

Taylor Steele & Associates Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

36 Club Vista
Suite, Apt. #, etc.

3. Mailing Address

36 Club Vista
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dove Canyon CA

City & State

Dove Canyon CA

4. FEI Number

65-0463760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Glenn Taylor

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

3850 Hollywood Blvd #204

City

Hollywood

FL

Zip Code

33021

**DO NOT WRITE
IN THIS SPACE**

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 filing)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Glenn Taylor
36 Club Vista
Dove Canyon CA 92679

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Marlene Taylor
36 Club Vista
Dove Canyon CA 92679

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Glenn Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-03

Date

949 589 6191

Daytime Phone #

CR2E034B (12/02)