


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90163 045 ***150.00

DOCUMENT # P94000014517

1. Entity Name
THE SAYLOR GROUP, INC.



Principal Place of Business
**20941 BOCA RIDGE DRIVE S.
BOCA RATON FL 33428**

Mailing Address
**20941 BOCA RIDGE DRIVE S.
BOCA RATON FL 33428**

2. Principal Place of Business
413 LAKEVIEW DR. APT 102

3. Mailing Address
413 LAKEVIEW DR.

Suite, Apt. #, etc.
APT 102

City & State
WESTON, FL

City & State
WESTON, FL

Zip
33326

Country
USA

Zip
33326

Country
USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SAYLOR, JAMES
20941 BOCA RIDGE DRIVE S.
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name
SAYLOR, JAMES

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

APT 102

City
WESTON

FL Zip Code
33326

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 *James Saylor* **JAMES SAYLOR** DATE **1/30/2003**

(signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME SAYLOR, JAMES	
STREET ADDRESS 20941 BOCA RIDGE DRIVE S.	
CITY-ST-ZIP BOCA RATON FL 33428	
TITLE VD	<input type="checkbox"/> Delete
NAME SAYLOR, NANETTE	
STREET ADDRESS 20941 BOCA RIDGE DR.S.	
CITY-ST-ZIP BOCA RATON FL 33428	
TITLE ST	<input type="checkbox"/> Delete
NAME SAYLOR, MEREDITH	
STREET ADDRESS 20941 BOCA RIDGE DR. S.	
CITY-ST-ZIP BOCA RATON FL 33428	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAYLOR, JAMES	
STREET ADDRESS 413 LAKEVIEW DR. APT 102	
CITY-ST-ZIP WESTON, FL. 33326	
TITLE VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHEPPARD, LINDA	
STREET ADDRESS 413 LAKEVIEW DR. APT 102	
CITY-ST-ZIP WESTON, FL. 33326	
TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAYLOR, MEREDITH	
STREET ADDRESS 413 LAKEVIEW DR APT 102	
CITY-ST-ZIP WESTON, FL. 33326	
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	

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 or other like empowered.

SIGNATURE: *James Saylor* **JAMES SAYLOR** DATE **1/30/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)