2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027255

1. Entity Name

TAYLOR FIRE PROTECTION, INC.



May 01, 2003 8:00 am \$ Secretary of State 05-01-2003 90259 044 ***150.00

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Zip Country Zip Country Size Address of Current Registered Agent Registered Agent Street Address (P.O. Box Number or local times with a and address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) TAYLOR, TIMOTHY TAYLOR, TIMOTHY 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 agent, or both, in the State of Florida. I can familiar with, and accept the originative agent, or both, in the State of Florida. I can familiar with, and accept the originative agent. SIGNATURE SIGNATURE CITY TELE NOW!!! FEE \$150.00 Make Check Payable to Florida Department of State 10: OFFICERS AND DIRECTORS 11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME TAYLOR, TIMOTHY SIRE! ANDRESS OUT 51:79 PAIMETTO F1, 34221 Delete TIME NAME SIRE! ALORESS OUT 51:79 TIME NAME STREET ALORESS OUT 51:79 TIME	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
S. Certificate of Status Desired Fee Required	City & Stat	e ·	City & State				4. FEI Number 59	hQ=323hAD8					
TAYLOR, TIMOTHY 9805 71ST AVE E PALMETTO FL 34221 8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Fan familiar with, and accept the obligations of registered agent. SIGNATURE SUCHAURE SUCHAURE SUCHAURE SUCHAURI May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 IN STREET ADDRESS OITY-ST.2P PALMETTO FL 34221 Debte	Zip	Country	Zip	(Country		5. Certificate of Statu	us Desired			ional		
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature horse of registered agent and the if applicable. (NOTE Registered Agent separature regaled when manufacting)							Street Address (P.O. Box Number is Not Acceptable)						
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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:

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Daytime Phone #