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FILED
Jul 10, 2002 8:00 am
Secretary of State
05-09-2002 90033 033 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032876

1. Entity Name

E. Taylor Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

38454

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Jacksonville FL.	3139 Keniston Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Fl	City & State
Zip: 32277 Country: USA	Zip Country

4. FEI Number: 593242899 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Bill Lanier & Assoc. Inc.
Street Address (P.O. Box Number is Not Acceptable): 3624 Herschel St
City: Jacksonville FL Zip Code: 32205-9020

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: Amanda Lanier AMANDA LANIER DATE: 6/9/2
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PTD
NAME	Taylor, Eddie L
STREET ADDRESS	3139 Keniston Ln
CITY-ST-ZIP	Jacksonville FL 32277
TITLE	VSD
NAME	Taylor, Marie C
STREET ADDRESS	3139 Keniston Ln
CITY-ST-ZIP	Jacksonville FL. 32277

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Eddie L Taylor EDDIE L. Taylor 4/22/02 904-443-6783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #