

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90067 038 ***150.00

DOCUMENT # **094000032876 (2)**

1. Entity Name

E. Taylor, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3139 Keniston Ln
Suite, Apt. #, etc.

3. Mailing Address

3139 Keniston Ln
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville

City & State

FL

4. FEI Number

59-3243849

Applied For

Not Applicable

Zip

32277

Country

Duval

Zip

32277

Country

Duval

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

AMANDA LONIEP

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

3624 HERSCHEL ST

City

Jacksonville

FL

Zip Code
32205

**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.

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)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
TAYLOR, EDDIE L.
3139 KENISTON LN
JACKSONVILLE FL 32277

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
TAYLOR, MARIE C.
3139 KENISTON LN
JACKSONVILLE FL 32277

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date

904/743-6783
Daytime Phone #

CR2E034B (12/01)