

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90051 039 ***550.00

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DOCUMENT # P94000077993

1. Entity Name
TAURUS CONSTRUCTION SERVICE, INC.

Principal Place of Business
7547 GARDEN ROAD, #8
RIVIERA BEACH FL 33404

Mailing Address
7547 GARDEN ROAD, #8
RIVIERA BEACH FL 33404

2. Principal Place of Business

3. Mailing Address

14611 SOUTHERN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LOXAHATCHEE, FLA.

Zip

Country

Zip

Country

33470-0348

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0576756**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAW, SANDRA
7547 GARDEN ROAD, #8
RIVIERA BEACH FL 33404

Name

SHAW, SANDRA

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

14611 SOUTHERN BLVD.

LOXAHATCHEE

City

Zip Code

FL 33470-0348

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **SHAW, CAROLINE**
CITY-ST-ZIP **524 BYRON ST. HUNTINGTON IN 46750**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **SHAW, CHRISTINA**
CITY-ST-ZIP **1151 MULBERRY PLACE WELLINGTON FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SHAW, SANDRA**
CITY-ST-ZIP **7547 GARDEN ROAD, #8 RIVIERA BEACH FL 33404**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **GM**
STREET ADDRESS **SHAW, PAUL**
CITY-ST-ZIP **16115 63 RD. NORTH LOXAHATCHEE FL 33470**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-01 561-791-8291

Date

Daytime Phone #

CR2E034 (5/01)