

**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  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
**14611 SOUTHERN BLVD.**  
 Suite, Apt. #, etc.  
**P.O. Box 348**  
 City & State  
**LOXAHATCHEE, FLA.**  
 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

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

7. Name and Address of New Registered Agent

Name **SHAW, SANDRA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14611 SOUTHERN BLVD.**  
**LOXAHATCHEE**  
 City **FL** Zip Code **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 \_\_\_\_\_ DATE \_\_\_\_\_  
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)

**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	SHAW, CAROLINE 524 BYRON ST. HUNTINGTON IN 46750	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DV	SHAW, CHRISTINA 1151 MULBERRY PLACE WELLINGTON FL 33414	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	SHAW, SANDRA 7547 GARDEN ROAD, #8 RIVIERA BEACH FL 33404	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
GM	SHAW, PAUL 16115 63 RD. NORTH LOXAHATCHEE FL 33470	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Sandra Shaw*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-01 561-791-8291  
 Date Daytime Phone #

CR2E034 (5/01)