2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013976

1. Entity Name

TAYLOR FINANCIAL SERVICES GROUP, INC.

Principal Place of Business 11620 COLUMBIA PK DR E JACKSONVILLE FL 32258 US Mailing Address

-11620 COLUMBIA PK DR E JÁCKSONVILLE FL 32258

FILED Mar 08, 2001 8:00 am Secretary of State

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| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE | EIN THIS S | PACE | | |
| City & State | 9 | <u> </u> | City & State | | 4. F | 4. FEI Number 59-3301624 | | | oplied For | - | |
| Zip | Country | | Zip | Country | | 5, (| Certificate of Status Desired | | 8.75 Add | ditional | 1 |
| - Line | and Address of Current F | | | 71 | Name and Address of New Ro | gistered A | gent _{see} - | ي سيسمبي ۾ مجاري | <u> </u> _ | | |
| | | | · · · · · · · · · · · · · · · · · · · | | Name | | | | | |] |
| 1162 | Stopher a Bia PK DR e Suite 1 Fl 32258 | Street Address (P.O. Box Number is Not Acceptable) | | | | | | 1 | | | |
| UAOI | NOO! WILLE | 1 1 02200 | | | City | <u></u> | | FL | Zip Cod | e | 1 |
| 8 The shows | named entit | / submits this statement for | the nurnose of changing | ite register | ed office or regio | tored ac | ent, or both, in the State of Flor | - | | | 1 |
| SIGNATURE . | Trained entit | y addrinis triis statement for | the purpose of orlanging | no register | ed diffee of regis | tered ag | one, or boar, in the otate of hos | iua. | | | |
| SIGNATORIE - | Signature, typed | or printed name of registered agent ar | nd title if applicable. (N | OTE: Registere | ed Agent signature requ | ired when re | einstating) | DATE | | | |
| Tax filling r | | ible to satisfy its Intangible and elects to do so. | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St | | | | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | 1 |
| 11. OFFICERS AND DIRECTORS 1: | | | | | | AD | DITIONS/CHANGES TO OFFIC | CERS AND | DIRECTOR | 3 IN 11 | 1 |
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| 13. hereby c | ertify that the | e information supplied with t | his filing does not qualify | for the exe | mption stated in | Section | 119.07(3)(i), Florida Statutes. I | further certi | fy that the ir | nformation | |

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

3/5/200/(904)292-9804

Daytime Phone #