

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91747 033 \*\*\*150.00

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

**DOCUMENT #** P95000014897

1. Entity Name

TAYLOR PETROLEUM COMPANY, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

605 W TAFT VINELAND RD

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TAFT FLORIDA

City & State

4. FEI Number

22-3384150

Applied For

Not Applicable

Zip

32824

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

COLLINS, GEORGE G JR

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

756 BEACHLAND BLVD.

City

VERO BEACH

FL

Zip Code  
32963

**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	TITLE NAME STREET ADDRESS CITY - ST - ZIP
C TAYLOR, GEORGE F 77 2ND STREET SOMERVILLE NJ 08876	
WORKMAN, RICHARD 14 COURY ROAD HILLSBOROUGH RD NJ 08844	
S SPALDING, FRANKIE 158 KLINESVILLE RD ELEMINGTON NJ 08826	

**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

Date

Daytime Phone #