

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90165 044 \*\*\*550.00

**DOCUMENT # P95000014897**



1. Entity Name  
**TAYLOR PETROLEUM COMPANY, INC.**

Principal Place of Business  
**605 W TAFT VINELAND RD  
TAFT FL 32824  
US**

Mailing Address  
**605 W TAFT VINELAND RD  
TAFT FL 32824  
US**

90150955



2. Principal Place of Business  
**77 2ND ST  
Suite, Apt. #, etc.**

3. Mailing Address  
**77 2ND ST PO Box 974  
Suite, Apt. #, etc.**

CHECK HERE IF MAKING CHANGES

City & State  
**SOMERVILLE NJ**

City & State  
**SOMERVILLE NJ**

4. FEI Number **22-3384150**

Applied For  
Not Applicable

Zip **08876** Country

Zip **08876-0794** Country

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**

**COLLINS, GEORGE G JR  
756 BEACHLAND BV  
VERO BCH FL**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, GEORGE F</b>	
STREET ADDRESS	<b>77 2ND STREET</b>	
CITY-ST-ZIP	<b>SOMERVILLE NJ 08876</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WORKMAN, RICHARD</b>	
STREET ADDRESS	<b>14 COURY RD</b>	
CITY-ST-ZIP	<b>HILSBOROUGH NJ 08844</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SPALDING, FRANKIE</b>	
STREET ADDRESS	<b>158 KLINESVILLE RD</b>	
CITY-ST-ZIP	<b>FLEMINGTON NJ 08826</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, DAVID</b>	
STREET ADDRESS	<b>173 W HIGH ST</b>	
CITY-ST-ZIP	<b>SOMERVILLE NJ 08876</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Date: **8/13/03** Daytime Phone #: **908-725-7737**

CR2E034 (4/03)