

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
Zip
08876
Country

City & State
SOMERVILLE NJ
Zip
08876-0794
Country

4. FEI Number **22-3384150**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

8/13/03

908-725-7737

Date Daytime Phone #

CR2E034 (4/03)