


# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P95000053387**

1. Entity Name  
**TAYLOR & WHITE, INC.**

**FILED**  
02 JAN 11 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business      Mailing Address  
**5300-1 EMERSON ST**      **5300-1 EMERSON ST**  
**SUITE 507**      **SUITE 507**  
**JACKSONVILLE FL 32207**      **JACKSONVILLE FL 32207**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**59-3326966**      Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**TAYLOR, D. GLYNN S**  
**7344 COLONY COVE LN**  
**JACKSONVILLE FL 32207**

**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.

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

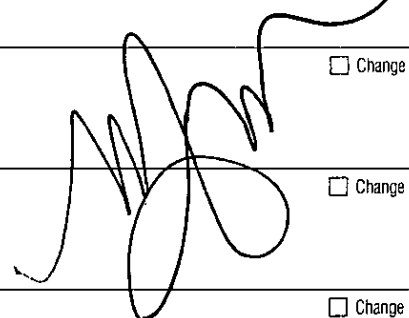
10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WHITE, ROBERT D JR.</b>
STREET ADDRESS	<b>1218 SHALLOWFORD DRIVE EAST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TAYLOR, D. GLYNN</b>
STREET ADDRESS	<b>7344 COLONY COVE LANE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32277</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"/> 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	<b>000004778820--3</b>
STREET ADDRESS	<b>-01/16/02--01080--016</b>
CITY-ST-ZIP	<b>****150.00 ****150.00</b>
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	



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

1/7/02  
Date

(904) 346-0621  
Daytime Phone #

CR2E034 (9/01)