

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000098042

1. Entity Name

TAYLOR MANUFACTURING COMPANY, INC.

Principal Place of Business

150 WEST OAKDALE
CRESTVIEW FL 32536

Mailing Address

1860 OLD HWY 98
DESTIN FL 32541

2. Principal Place of Business

19 Hollywood St.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Zip 32550

Country USA

Zip 32550

Country USA

4. FEI Number 59-3355478

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, JAMES
ONE PROGRESS PLAZA
BARNETT TOWER SUITE 1210
ST. PETERSBURG FL 33701

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

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

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, 2001 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

TITLE D ☐ Delete
NAME LEWIS, MARY A
STREET ADDRESS 1860 OLD HWY 98
CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ Delete
NAME WILSON, WILLIAM N
STREET ADDRESS 1860 OLD HWY 98
CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ Delete
NAME WILSON-WILKES, CLARE T
STREET ADDRESS 1860 OLD HWY 98
CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ Delete
NAME WILSON, CLARE T
STREET ADDRESS 1860 OLD HWY 98
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 32550
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 32550
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 32550
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

W.N.W.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

(850) 654-5502

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE