2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am Secretary of State P96000037472 DOCUMENT # 1. Entity Name 05-23-2002 90003 044 ***150.00 TAYLOR INFORMATION ENGINEERING GROUP, INC. Mailing Address Principal Place of Business 3145 SAINT JAMES DR 3145 SAINT JAMES DR **BOCA RATON FL 33434 BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0746388 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PREVITI, PETER Street Address (P.O. Box Number is Not Acceptable) **5825 SUNSET DRIVE** SUITE 210 **MIAMI FL 33143** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE Change ☐ Delete TITLE TAYLOR, MICHAEL NAME NAME STREET ADDRESS 3145 SAINT JAMES DRIVE STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE □ Delete TITLE. Change TAYLOR, NANCY NAME NAME STREET ADDRESS 3145 SAINT JAMES DRIVE STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition

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.

NAME

STREET ADDRESS

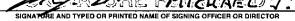
CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP



7AYLOR 29-APR-02 561-702-8540
Date Daytime Phone #

FILED

CR2E034 (9/01)