

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91871 031 ***150.00

040714 AV

DOCUMENT # **P96000037472**

1. Entity Name

TAYLOR INFORMATION ENGINEERING GROUP, INC.



Principal Place of Business

**3145 SAINT JAMES DR
BOCA RATON FL 33434
US**

Mailing Address

**3145 SAINT JAMES DR
BOCA RATON FL 33434
US**

2. Principal Place of Business

3. Mailing Address

7464 FOX TROT LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33496

Country

USA

Zip

Country

4. FEI Number

65-0746388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PREVITI, PETER
5825 SUNSET DRIVE
SUITE 210
MIAMI FL 33143**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** ☐ Delete
NAME **TAYLOR, MICHAEL**
STREET ADDRESS **3145 SAINT JAMES DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33434**

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

TITLE **T** ☐ Delete
NAME **TAYLOR, NANCY**
STREET ADDRESS **3145 SAINT JAMES DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33434**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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
MICHAEL J. TAYLOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30-APR-2003 **SG1-702-8540**
Date Daytime Phone #

CR2E034 (10/02)