## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR **DOCUMENT#**

P96000064468

1. Entity Name

C. MARTIN TAYLOR CUSTOMS BROKER, INC.



## **FILED** Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90111 027 \*\*\*150.00

4,	2011 000101010 E	STORER, INC.					
Principal Place of Business 2831 TALLEYRAND AVE STE 209 JACKSONVILLE FL 32206 US		STE 209	2831 TALLEYRAND AVE STE 209 JACKSONVILLE FL 32206			TJAN JOHA BANI ARAN I	1818 8181 1811 1811
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3396455 Applied For			
Zip	Country	Zip	Coun	try		\$8.75 / Fee Requ	Not Applicable Additional
	6. Name and Address of Curre	ent Registered Agent	1 2 1 - 4	- Angelia way	-7. Name and Address of New Regi	ree nequ	
				Name		sterea Agent	
NUSSBA	um, william						
1851 EXECUTIVE CENTER DRIVE STE 102 JACKSONVILLE FL 32207			ĺ	Street Address (F	O. Box Number is Not Acceptable)		
UAUNOU:	NVILLE FL 32207			City		7:-0	
<ol><li>The above named entity submits this statement for the purpose of changing its re the obligations of registered agent.</li></ol>					ed agent, or both, in the State of Florida	EL Zip C	
inc obliga	tions of registered agent.						,a assopt
SIGNATURE							
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	TE: Registered	Agent signature required v	When reinstating)	DATE	<del></del> -
	ILE NOW!!! FEE IS \$150.00			<del> </del>		DATE	
Afte	r May 1, 2003 Fee will be \$550.0	0			Election Campaign Financ     Trust Fund Contribution.		.00 May Be
	Payable to Florida Department				indst Fund Contribution.	☐ Ádd	ed to Fees
10.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	IRS IN 11
TITLE	PD Delete TITL		TITLE			☐ Change	
NAME	TAYLOR, C MARTIN		NAME	İ			Addition
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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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MARTIN TAYLOR

<u>3/17</u>/2003

9043553400