2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094225

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90316 046 ***150.00

1. Entity Name

[redacted] TAYLOR DIERSON PROPERTIES, INC.

Principal Place of Business	Mailing Address
1609 CHERRYWOOD LANE LONGWOOD FL 32750	1609 CHERRYWOOD LANE LONGWOOD FL 32750-3454

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1021 RANCH RD.	1021 RANCH RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TARPON SPRINGS, FLA	City & State: TARPON SPRINGS, FLA
Zip: 34689 Country: USA	Zip: 34689 Country: USA

4. FEI Number: 59 3476280 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	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 reinstating) 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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DANA ESCHENBRENNER 1021 RANCH RD. TARPON SPRINGS, FLA. 34689	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DEBORAH ESCHENBRENNER 1021 RANCH RD TARPON SPRINGS, FLA. 34689	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ 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 address with all other like empowered.

SIGNATURE: Dana Eschenbrenner DANA ESCHENBRENNER 4/24/00 (727)572-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #