

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018699

1. Entity Name

J.S. TAYLOR, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90028 014 ***150.00

Principal Place of Business

5103 E. FOWLER AVE
TAMPA FL 33617
US

Mailing Address

~~8507 ANGLERS PT~~
TAMPA FL 33607
US

2. Principal Place of Business

3. Mailing Address

18307 Cypress Stand Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tampa FL

City & State

City & State

Zip

Country

Zip

Country

33647

USA

4. FEI Number

59-3495079

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

Name

TAYLOR, SHEILA

~~8507 ANGLERS PT~~
TAMPA FL 33637

Street Address (P.O. Box Number is Not Acceptable)

18307 Cypress Stand Circle

City

FL

Zip Code

33647

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

Sheila Taylor Sheila Taylor

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TP ☐ Delete
NAME TAYLOR, JOHN III
STREET ADDRESS ~~8507 ANGLERS PT~~
CITY-ST-ZIP TAMPA FL 33637

TITLE ☒ Change ☐ Addition
NAME 18307 Cypress Stand Circle
STREET ADDRESS Tampa Florida 33647
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME TAYLOR, SHEILA
STREET ADDRESS ~~8507 ANGLERS PT~~
CITY-ST-ZIP TAMPA FL 33637

TITLE ☒ Change ☐ Addition
NAME 18307 Cypress Stand Circle
STREET ADDRESS Tampa FL 33647
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Sheila Taylor Sheila Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

813-989-3436

Daytime Phone #

CR2E034 (10/00)