

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90278 050 \*\*\*150.00

**DOCUMENT # P98000057882**

**1. Entity Name**  
**TAYTREE NURSERY OF THE PALM BEACHES, INC.**

**Principal Place of Business**

**1000 SO US 27**  
**SOUTH BAY FL 33493**  
**US**

**Mailing Address**

**P.O. BOX 957 P.O. Box 764**  
**STUART FL 34995 CANAL Point, FL**  
**US**  
**33438**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

**65-0860643**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TAYLOR, ROGER**

**3401 S KRAMER WAY P.O. Box 764**  
**STUART FL 34995 CANAL Point, FL 33438**

**7. Name and Address of New Registered Agent**

Name **Taylor, Roger L**

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

**Hwy 441, North**

**P.O. Box 764**

City **CANAL Point**

**FL**

Zip Code **33438**

**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**

*Roger L Taylor*

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

(NOTE: Registered Agent signature required when reinstalling)

**4/16/02**

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, 2002 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**

**TITLE** ☐ Delete  
**NAME** **D TAYLOR, ROGER**  
**STREET ADDRESS** **P.O. BOX 957 P.O. Box 764**  
**CITY-ST-ZIP** **STUART FL 34995 CANAL Point, FL 33438**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**TITLE** ☐ Delete  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME** **D Roger Taylor**  
**STREET ADDRESS** **P.O. Box 764**  
**CITY-ST-ZIP** **CANAL Point, FL 33438**

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

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

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**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:**

*Roger L Taylor*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/16/02**  
 Date

**772-260-5372**  
 Daytime Phone #

CR2E034 (9/01)