APR-17-00 07:31 PM 9

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
04-28-2000 90072 021 ***150.00

DOCUMENT # P98000082303

1. Entity Name
TAYLOR NODE Services, Inc

Principal Place of Business
* 8504 Old Country Manor # 211
Davie FL 33328-2412

Mailing Address

2. Principal Place of Business
* 8504 Old Country Ma

3. Mailing Address

Suite, Apt. # etc.
* 211

Suite, Apt. # etc.

City & State
* DAVIE FL

City & State

Zip
* 33328

Country
USA

Zip

Country

4. FEI Number
65-0866043

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Tana R. Taylor
8504 Old Country Manor
Davie Florida 33328

7. Name and Address of New Registered Agent

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 _____ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P Tana R. Taylor ☐ Delete
8504 Old Country Manor
Davie FL 33328

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 added to the report.

SIGNATURE _____ Date