

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90161 039 ***150.00

0053624 AV

DOCUMENT # P98000082972

1. Entity Name

TAYLOR RYAN AUTO EXPRESS, INC.

Principal Place of Business

**775 HANSEL STREET
 PENSACOLA FL 32505**

Mailing Address

**8200 W. HWY. 98
 SUITE A
 PENSACOLA FL 32506**

2. Principal Place of Business

3. Mailing Address

1536 Lands End Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze FL

Zip

Country

Zip

Country

32563 USA

4. FEI Number

59-3538193

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

KEELEY, GERARD J

8200 W. HWY 98

SUITE A

PENSACOLA FL 32506

Name

Lauri m Bunch

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

1536 Lands End Lane

City

Gulf Breeze

FL

Zip Code

32563

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

Lauri m Bunch

(NOTE: Registered Agent signature required when reinstating)

03-09-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **BROWN, DAVID V**
 STREET ADDRESS **19453 RIVER LANDING RD.**
 CITY-ST-ZIP **SEMINOLE FL 36574**

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

TITLE **ST** ☐ Delete
 NAME **BROWN, CARLA J**
 STREET ADDRESS **19453 RIVER LANDING RD.**
 CITY-ST-ZIP **SEMINOLE FL 36574**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-02

Date

251-946-2791

Daytime Phone #

CR2E034 (9/01)