

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-28-2002 91624 031 ***150.00

DOCUMENT # P98000087379

1. Entity Name
TAYLOR DOORS, INC.

Principal Place of Business
11313 TROTting HORSE LANE S.
JACKSONVILLE FL 32225

Mailing Address
11313 TROTting HORSE LANE S.
JACKSONVILLE FL 32225



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4567 Atlantic Blvd.

3. Mailing Address
4567 Atlantic Blvd.

Suite, Apt. #, etc.
Suite 105

Suite, Apt. #, etc.
Suite 105

City & State
Jax, FL

City & State
Jax, FL

4. FEI Number **59-3540530**

Applied For
Not Applicable

Zip
32207

Country
USA

Zip
32207

Country
USA

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

6. Name and Address of Current Registered Agent

MAY, RICHARD H
431 STOWE AVENUE
ORANGE PARK FL 32073

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 _____ 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, 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 **D** ☐ **Delete**
NAME **TAYLOR, ROBERT N**
STREET ADDRESS **11313 TROTting HORSE LANE S.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

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

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

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CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ **Change** ☒ **Addition**
NAME **Richard S. Mason**
STREET ADDRESS **386 Kenia St.**
CITY-ST-ZIP **Yulee, FL 32097**

TITLE **VP** ☐ **Change** ☒ **Addition**
NAME **James Burge**
STREET ADDRESS **1706 Bay Circle East**
CITY-ST-ZIP **Orange Park, FL**

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

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

TITLE ☐ **Change** ☐ **Addition**
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: Robert N. Taylor **Robert N. Taylor** **4-15-02** **904-398-0858**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)