

2002

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000052468**

1. Entity Name

TAYLOR CREEK PRINTING & OFFICE SUPPLY, INC.**FILED**
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90236 007 ***150.00

Principal Place of Business

Mailing Address

3912 S.E. 18TH TERR.
OKEECHOBEE FL 34974**3912 S.E. 18TH TERR.**
OKEECHOBEE FL 34974

2. Principal Place of Business

3. Mailing Address

211 SW 3rd St.**211 SW 3rd St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Okeechobee FL**Okeechobee FL**

Zip

Country

Zip

Country

34974**USA****34974****USA**

4. FEI Number

65-0931168

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

DYALS, MELISSA S**LOT 11 CANAL WAY BHR**
OKEECHOBEE FL 34974

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME **D**
STREET ADDRESS **DYALS, MELISSA S**
CITY-ST-ZIP **LOT 11 CANAL WAY BHR**
OKEECHOBEE FL 34974TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

melissa Dyals

Date

4/29/02

Daytime Phone #

(863) 763 7077

CR2E034 (10/00)