

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90072 034 ***150.00

DOCUMENT # P99000054177

1. Entity Name
TAYLOR LANE, INC.



Principal Place of Business
115 1ST AVE. NORTH
JACKSONVILLE BEACH FL 32250

Mailing Address
115 1ST AVE. NORTH
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3588392

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'NEILL, KAREN B
1009 21ST ST. NORTH
JACKSONVILLE BEACH FL 32250

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete
NAME TAYLOR, PAMIE J
STREET ADDRESS 1101 SEAHAWK DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☒ Change ☐ Addition
NAME **STREET ADDRESS** 4953 Dixieland DR.
CITY-ST-ZIP Jacksonville, FL 32224

TITLE D ☐ Delete
NAME TAYLOR, PAMIE J
STREET ADDRESS 1101 SEAHAWK DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☒ Change ☐ Addition
NAME **STREET ADDRESS** 4953 Dixieland DR.
CITY-ST-ZIP Jacksonville, FL 32224

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

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)