

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90137 047 ***150.00

UBR 1000 AV

DOCUMENT # P99000095612



1. Entity Name
TAYLOR CORPORATION OF WEST FLORIDA

Principal Place of Business
**3560 SYLVAN EDGE DR.
PALM HARBOR FL 34685**

Mailing Address
**3560 SYLVAN EDGE DR.
PALM HARBOR FL 34685**

90012354



2. Principal Place of Business
4428 Live Oak Blvd

3. Mailing Address
4428 Live Oak Blvd

CHECK HERE IF MAKING CHANGES

City & State **Palm Harbor, FL** City & State **Palm Harbor, Florida** 4. FEI Number **59-3610079** Applied For Not Applicable

Zip **34685** Country **USA** Zip **34685** Country **USA** 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
PICKERING, EILEEN 3560 SYLVAN EDGE DR. PALM HARBOR FL 34685	Name Street Address (P.O. Box Number is Not Acceptable) 4428 Live Oak Blvd City Palm Harbor FL Zip Code 34685

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 *Eileen M. Pickering* DATE 1/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D PICKERING, EILEEN 3560 SYLVAN EDGE DR. PALM HARBOR FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eileen Pickering <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4428 Live Oak Blvd Palm Harbor FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTIAN, DIANE 200 RICHLAKE SUWANNEE GA 30024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diana Lutian <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 Richlake Dr. Suwanee, GA 30024
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Eileen M. Pickering* DATE 1/7/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)