

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014686

1. Entity Name

TALQUIN WATER COMPANY, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90207 008 ***158.75

Principal Place of Business

LEON CO FL
2909 BEN STOUTAMIRE ROAD
TALLAHASSEE FL 32301
US

Mailing Address

P.O. BOX 6216
TALLAHASSEE FL 32314-6216
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 2322

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TALLAHASSEE, FL

4. FEI Number

65-0473083

Applied For

Not Applicable

Zip

Country

Zip

Country

32316

U.S.

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAPIER, MARY
367 BUTTONWOOD DRIVE
KEY LARGO FL 33037

Name

CONNIE JOWERS

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

24367 LONE STAR COURT

City

TALLAHASSEE

FL

Zip Code

32310

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

Connie Jowers

Connie Jowers

2/28/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
LAWRENCE, E.W.
2909 BEN STOUTAMIRE ROAD
TALLAHASSEE FL 32310 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPV
LAWRENCE, STEVE W
P.O. BOX 6371
GULF BREEZE FL 32561 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECT. / TREAS.
LAWRENCE, E.W.
2909 BEN STOUTAMIRE RD, TALLAHASSEE FL.
32310 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

E.W. Lawrence AS PRES. E.W. LAWRENCE AS PRES. 2/28/00 574-6002 (250)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #