

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90025 037 ***150.00

DOCUMENT # 475449

1. Entity Name

TALLA/TAX, INC.

Principal Place of Business

1018 THOMASVILLE ROAD
 200Z

TALLAHASSEE FL 32303

US

Mailing Address

1018 THOMASVILLE ROAD
 200Z

TALLAHASSEE FL 32303

US

2. Principal Place of Business

1114 Hays Street

Suite, Apt. #, etc.

3. Mailing Address

1114 Hays Street

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-1592447

Applied For

Not Applicable

Zip

32301

Country

Leon

Zip

32301

Country

Leon

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

MAUREY, GERALD L.

~~1018 THOMASVILLE RD~~ 1114 Hays Street

~~200Z~~
 TALLAHASSEE FL ~~32303-3224~~ 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME ST
 STREET ADDRESS WATSON, W. L.
 CITY-ST-ZIP 2101 MULBERRY BLVD.
 TALLAHASSEE FL

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

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS MAUREY, G. L.
 CITY-ST-ZIP 1114 HAYS STREET
 TALLAHASSEE FL

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

TITLE ☒ Delete
 NAME D
 STREET ADDRESS WATSON, W. L.
 CITY-ST-ZIP 2101 MULBERRY BLVD
 TALLAHASSEE FL

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2002

Date

Daytime Phone #

CR2E034 (9/01)