

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 638572

1. Entity Name
TALMAC LEASING, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90007 048 ***158.75

Principal Place of Business
4740 BLOUNTSTOWN HIGHWAY
TALLAHASSEE FL 32304

Mailing Address
4740 BLOUNTSTOWN HIGHWAY
TALLAHASSEE FL 32304-9005

00009403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1939796

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FARRAN, BILLY W.
4740 BLOUNTSTOWN HWY
TALLAHASSEE FL 32304

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, 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 PC
STREET ADDRESS THOMAS, MARK A.
CITY-ST-ZIP 4740 BLOUNTSTOWN HWY
TALLAHASSEE FL ☒ Delete

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

TITLE NAME VPT
STREET ADDRESS FARRAN, BILLY W.
CITY-ST-ZIP 4740 BLOUNTSTOWN HWY.
TALLAHASSEE, FL 00000 ☐ Delete

TITLE NAME Vice-President/Secretary ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME S
STREET ADDRESS PITTS, MICHAEL J.
CITY-ST-ZIP 4740 BLOUNTSTOWN HWY
TALLAHASSEE FL ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Chairman of the Board ☐ Change ☒ Addition
STREET ADDRESS Leskosky, G. Bryan
CITY-ST-ZIP 2855 Broadway
Macon, Ga. 31202

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Chief Exec. Officer/Asst. Sec ☐ Change ☒ Addition
STREET ADDRESS Leskosky, Timothy J.
CITY-ST-ZIP 2855 Broadway
Macon, Ga. 31202

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: Billy W. Farran BILLY W. FARRAN 1-1400 850-575-8655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)