

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90018 042 ****61.25

C0003109



DO NOT WRITE IN THIS SPACE

DOCUMENT # 709716 1. Entity Name TALLACON, INC.				<p>Principal Place of Business</p> <p>909 N. GADSDEN STREET TALLAHASSEE FL 32303-6315</p> <p>Mailing Address</p> <p>909 N. GADSDEN STREET TALLAHASSEE FL 32303-6315</p>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2351172				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHERLAND, H.P. 1571 CLIFFORD HILL RD TALLAHASSEE FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ORRICK, JUDSON 1304 GOLF TERRACE DRIVE TALLAHASSEE FL 32301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ORRICK, JUDSON 1304 GOLF TERRACE TALLAHASSEE FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MEYER, JAMES B 676 RIGGINS RD. TALLAHASSEE FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STANLEY PARSONS 519 SHORT ST TALLAHASSEE FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PARTIN, JOHN 2909 LASSWADE DR TALLAHASSEE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JERRY CARTER 1522 BELLEAU WOODS DR TALLAHASSEE FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete EUBANKS, ED 4709 FLORERWOOD DR TALLAHASSEE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT CARROUTH 2116 W RANDOLPH CIRCLE TALLAHASSEE FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete UGALIS, ALICE 3435 CORNELIA STREET TALLAHASSEE FL 32311		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JON NEWCOMER 1093 VICTORY GARDEN LN. TALLAHASSEE FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete SOUTHERLAND, H.P. 1571 CLIFFORD HILL RD TALLAHASSEE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SOUTHERLAND, H.P. 1571 CLIFFORD DR	

CR2E037 (10/00)

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 617, 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: SOUTHERLAND, H.P. **1-9-01** (850) 224-1220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #