## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

William G. Talley, Jr.

DOCUMENT # A07236  1. Entity Name					
TALLEY BOX COMPANY, LTD.				SECRETY STATE DIVISION CONTRACTIONS	
Principal Place of Business Mailing Address				00 FEB 20 AM 8: 59	
900 N. 14TH STREET P.O. BOX 490817 LEESBURG FL 34748 LEESBURG FL 34749-0817			,		
2. Principal Place of Business 3. Mailir		3. Mailing Address		T 100/03/1 (Bit 805/11 100/0 1/1000 5/15/0 DIS) DIBIK BSB21 DIGIK DIBIL DIBIK BIDIK BIDIK	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State C		City & State	· • • • • • • • • • • • • • • • • • • •	4. FEI Number	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			Nome	7. Name and Address of New Registered Agent	
TALLEY, WILLIAM G., JR.			Name		
900 N. 14TH STREET			Street Addr	Street Address (P.O. Box Number is Not Acceptable)	
LEESBURG FL 34748					
			City	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. Capital Contributions as Shown on record. \$817,284.68 10. Amount of Capital Conin FLORIDA to date.				11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST NOTE: General Partners MAY NOT be changed on the form; an amendmen				GISTERED AND ACTIVE WITH THIS OFFICE.	
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY					
DOCUMENT#	TALLEY ENTERPRISES, INC.		STREET ADDRESS		
NAME STREET ADDRESS CITY+ST-ZIP			CITY+ST-ZIP	-n.13/9/00	
DOCUMENT#	P95000054981		STREET ADDRESS	<b>(</b>	
STREET ADDRESS CITY-ST-ZIP	WHITE PELICAN ENTERPRISES, INC.  4482 SANDPIPER LANE  AMELIA ISLAND FL 32034		CITY-ST-ZIP	<u> </u>	
DOCUMENT#	AMELIA IOLINIO I E OLOOT		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
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DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
DOCUMENT# NAME	S. Walley S. Co.		STREET ADORESS		
STREET ADDRESS CITY - ST - ZIP			CITY-ST-ZIP		
14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or truetee endowered to execute this report as required by Chapter 620. Florida Statutes.					

3/1/00

(352) 787-4248 Daytime Phone #