

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

MMH

0016662 AT

DOCUMENT # A07236

1. Entity Name  
TALLEY BOX COMPANY, LTD.



FILED

03 APR 17 AM 7:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
900 N. 14TH STREET  
LEESBURG FL 34748

Mailing Address  
P.O. BOX 490817  
LEESBURG FL 34749-0817



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-1311310

Applied For

Not Applicable

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

TALLEY, WILLIAM G., JR.  
900 N. 14TH STREET  
LEESBURG FL 34748

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 for holding the State of Florida, and accept the obligations of registered agent.

04/17/03--01060--012 \*\*526.25

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$817,284.68

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000054724  
NAME TALLEY ENTERPRISES, INC.  
STREET ADDRESS 2021 WEST TALLEY ROAD  
CITY-ST-ZIP LEESBURG FL 32748

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P95000054981  
NAME WHITE PELICAN ENTERPRISES, INC.  
STREET ADDRESS 4482 SANDPIPER LANE  
CITY-ST-ZIP AMELIA ISLAND FL 32034

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-14-03

352-787-4248

Date

Daytime Phone #

CR2E003 (10/02)

51416 CHECK HERE