

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90694 044 \*\*\*550.00

**DOCUMENT # F00000004680**

1. Entity Name

**TALIA TECHNOLOGY, INC.**

Principal Place of Business

Mailing Address

~~2001 ENGLEWOOD ROAD~~ **4519 George Rd** ~~2001 ENGLEWOOD ROAD~~  
~~SUITE 1A~~ **← Ste 120** ~~SUITE 1A~~  
~~ENGLEWOOD FL 34223~~ **Tampa FL** ~~ENGLEWOOD FL 34223~~  
**33634**

2. Principal Place of Business

**4519 George Road**

Suite, Apt. #, etc.

**Suite 120**

City & State

**Tampa FL**

Zip

**33634**

Country

**USA**

3. Mailing Address

**4519 George Road**

Suite, Apt. #, etc.

**Suite 120**

City & State

**Tampa FL**

Zip

**33634**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0989429**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COPROLITE CORPORATION**  
**ONE SOUTHEAST THIRD AVENUE, SUITE 2130**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

TITLE **CEO** ☐ Delete  
NAME **MORAN, DANNY**  
STREET ADDRESS **COMMUNICATION CENTER, NEVE-ILAN, 90850**  
CITY-ST-ZIP **ISRAEL**

TITLE **V** ☒ Delete  
NAME **MCKAY, MICHAEL**  
STREET ADDRESS **2061 ENGLEWOOD ROAD, SUITE #1**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **V** ☒ Delete  
NAME **MCKAY, MICHAEL**  
STREET ADDRESS **2061 ENGLEWOOD ROAD, SUITE 1-A**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition  
NAME **Edward R. Newill**  
STREET ADDRESS **4519 George Road Suite 120**  
CITY-ST-ZIP **Tampa FL 33634**

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

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

TITLE ☐ Change ☐ Addition  
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NAME  
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CITY-ST-ZIP

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:**

*Edward R. Newill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**813-887-1917**

CR2E034 (9/01)