## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # F70278** Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** GEORGE L. TALLMAN, JR., D.V.M., P.A. 03-03-2000 90024 031 \*\*\*150.00 Mailing Address Principal Place of Business % GEORGE L TALLMAN, JR % GEORGE L TALLMAN. JR 2031 BISPHAM ROAD 2031 BISPHAM ROAD SARASOTA FL 34231 SARASOTA FL 34231-5515 2. Principal Place of Business 3. Mailing Address 7476 MARIANA OR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-2167581 ŠÄÄÄSOTA Not Applicable Country SARAS O HA Zip \$8.75 Additional Zip 34231 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Tallman, George L., Jr Street Address (P.O. Box Number is Not Acceptable) 2031 BISPHAM ROAD SARASOTA FL 33581 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MÄY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Checic Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE Change TITLE TALLMAN, GEORGE L JR NAME NAME 7476 MARIANA DRIVE STREET ADDRESS STREET ADDRESS SARASOTA, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP \_\_\_\_\_.Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 supplier ental 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 of 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.

CITY-ST-ZIP

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING ON SER OR DIRECTOR

2-15-00

941. 922.3917

Daytime Phone #