

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H75057

1. Entity Name

TALICO, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90170 021 ***150.00

Principal Place of Business

Mailing Address

2320 S. 3RD STREET, SUITE #5
JACKSONVILLE FL 32250

2320 S. 3RD STREET, SUITE #5
JACKSONVILLE FL 32250-4057

2. Principal Place of Business

4375-4 Southside Blvd

3. Mailing Address

4375-4 Southside BLVD

Suite, Apt. #, etc.

157

Suite, Apt. #, etc.

157

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32216

Country

Zip

32216

Country

4. FEI Number

59-2582975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAGLIAFERRI, LOUIS E.
4304 BLUE HERON DR.
PONTE VEDRA BEACH FL 32802

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME TAGLIAFERRI, LOUIS E.
STREET ADDRESS 4304 BLUE HERON DR.
CITY-ST-ZIP PONTE VEDRA BEACH FL

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

TITLE D ☐ Delete
NAME TAGLIAFERRI, JUDITH B.
STREET ADDRESS 4304 BLUE HERON DR.
CITY-ST-ZIP PONTE VEDRA BEACH FL

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

TITLE D ☐ Delete
NAME SVENDSEN, LOUANN
STREET ADDRESS 610 MOON PLACE RD
CITY-ST-ZIP LAWRENCEVILLE GA 30044

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Change ☒ Addition
NAME DAVID L. TAGLIAFERRI
STREET ADDRESS 704 MARSH COVE PL
CITY-ST-ZIP PONTE VEDRA Bch, FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-31-00

904-642-0300

CR2E034 (9/99)