

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90038 042 ***150.00

DOCUMENT # H75057

1. Entity Name

TALICO, INC.

Principal Place of Business

**4375-4 SOUTHSIDE BLVD
157
JACKSONVILLE FL 32216**

Mailing Address

**4375-4 SOUTHSIDE BLVD
157
JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2582975

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

**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]*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TAGLIAFERRI, LOUIS E.	
STREET ADDRESS	4304 BLUE HERON DR.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	TAGLIAFERRI, JUDITH B.	
STREET ADDRESS	4304 BLUE HERON DR.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	SVENDSEN, LOUANN	
STREET ADDRESS	610 MOON PLACE RD	
CITY-ST-ZIP	LAWRENCEVILLE GA 30044	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	TAGLIAFERRI, DAVID L	
STREET ADDRESS	4304 BLUE HILTON DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	TAGLIAFERRI, SUSAN L	
STREET ADDRESS	4364 BLUE HEROW DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	TAGLIAFERRI, STEPHEN P	
STREET ADDRESS	4958 ALPINE CR	
CITY-ST-ZIP	HIGHLAND UT 84003	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

4-16-02 904 642 0300

CR2E034 (9/01)