904642 0300 Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900002495 1. Entity Name TALLOG BET (FLORMENTAL SYSTEMS LO					FILED		
TALICO [DEVELOPMENTAL SYSTE	MS, L.C.			•		•
			,		OT APR 2	23 PM 2: 3	8
Principal Place of Business Mailing Address				SECRETARY OF STATE		E	
4375-4 SOUTHSIDE BLVD., SUITE 152 4375-4 SOUTHSIDE BLVD., JACKSONVILLE FL 32216 JACKSONVILLE FL 32216					TALLAHASSEE, FLORIDA		
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2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address		bit 010 10112 10 111 00 111 2011 001	II 48111 98119 II911 81818	38181 B111 1981
·Suite, Apt. #, etc. Suite, Apt. #, etc		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Stat	te	City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Numb	er	Ar	oplied For
0.1, 0.0				44 1 21 1 43 11 2	59-3588762	 - -	ot Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$5.00 Add Fee Require	
	6. Name and Address of Curre	nt Registered Agent		7. Name and	Address of New Regis		
TAGI IAFF	erri, Louis	•	Name				
4375-4 SOUTHSIDE BLVD., STE. 152			Street Addr	ress (P.O. Box Numb	(P.O. Box Number is Not Acceptable)		
JACKSON	IVILLE FL 32216	•					
			City			FL Zip Cod	е
8. The above	named entity submits this statement	t for the purpose of changing i	ts registered office or reg	gistered agent, or bo	tn, in the State of Florida.		
8. The above	named entity submits this statement	t for the purpose of changing i	its registered office or req	gistered agent, or bo	in, in the State of Florida.		
8. The above	e named entity submits this statement		its registered office or reg			DATE	
		ent and title if applicable. (NO	OTE: Registered Agent signature re	equired when reinstating)			
		ent and title if applicable. (NC		equired when reinstating)			
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (No FILE I Make Check F	NOW!!! FEE IS \$50 Payable to Departme	equired when reinstating) 1.00 ent of State			
	Signature, typed or printed name of registered age	ent and title if applicable. (NC	OTE: Registered Agent signature re	equired when reinstating) 1.00 ent of State	□ □ JOBTICH S/£H2 -05/04/01	DATE DIGESS 1 3 -	72 <u>3</u> Addition
SIGNATURE 9. TITLE NAME	Signature, typed or printed name of registered age MANAGING MEM MGR - TAGLIAFERRI, LOUIS E	ent and title if applicable. (NO FILE I Make Check F	NOW!!! FEE IS \$50 Payable to Departme 10. TITLE NAME	equired when reinstating) 1.00 ent of State		DATE DIGESS 1 3 -	
SIGNATURE	MANAGING MEM MGR - TAGLIAFERRI, LOUIS E 4304 BLUE HERON DRIVE	FILE I Make Check F //BERS/MEMBERS	NOW!!! FEE IS \$50 Payable to Departme	equired when reinstating) 1.00 ent of State	□ □ JOBTICH S/£H2 -05/04/01	DATE DIGESS 1 3 -	
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