. 2001	UNIFORM BUSI	NESS REPOR	RT (UB	R) /	Un.	16	2		
DOCU 1. Entity Nam	MENT _. # N96000001690				H		ion No Ish		
TALLAH	ASSEE AREA CREW, INC.		در			i <i>11</i>			
Principal Plac	e of Business	Mailing Address			(J- NUL 10	PH-12:	49	
						SECRETAR	Y OF STA	ILTA ILTA	
						- August 1 10 to exp			
2. Principal P 3540 The	lace of Bysiness omasville Road	3. Mailing Address Post Office Box 13941							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State Tallahas	ssee, Florida	City & State Tallahassee, Florida		. 4.	. FEI Number	59 ° 3369	684		pplied For lot Applicable
^{Zip} 32308	Country USATA	32317-3941	Country USA	5.	. Certificate o	of Status Desired	d 🗀	\$8.75 Ac Fee Requir	
	6. Name and Address of Current F	Registered Agent		7.	. Name and A	Address of Nev	v Registered	Agent	
TAMES	MYLES HEAD		MAR.	THA HAR	RELL CH	IUMBLER			
	ELWYN WAY						ble)		
	ASSEE, FLORIDA 32308		3402	3° ROSCR	REA DRIV	E Not Accepta			
			CilyAL	LAHASSE	 E		FL	Zip Co	308
8. The above	named entity submits this statement for	the ourgose of changing its re	aistered office o	r registered a	agent, or both	, in the state of	Florida.		
or the above	The state of the s		•	Ü					-
	11								
SIGNATURE .	Master Han	acceptus	-fe-						
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agent signa	ture required wher	n reinstating)		DATE		
	FILE NOW:	9. Election Campaign Fi	· -	\$5.00 A			ake Check		0.
	FEE IS \$61.25	Trust Fund Contribution	on.	\$5.00 A Added to	Fees	, .	Departmen	t of State	
10.	FEE IS \$61.25	Trust Fund Contribution	on. 11.	\$5.00 A Added to	Fees		Departmen	t of State	N 10
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TITLE NAME	P JAMES MYLES HEAD 3437 WELWYN WAY TALLAHASSEE, FLORIDA	Trust Fund Contribution ECTORS Delete 32308	11. TITLE NAME STREET ADDRESS CITY ST- ZIP	Added to Added to ADD ROB LO 3925 I Tallah	Fees DITIONS/CHA OVERN eane Dr	NGES TO OFFI	Departmen	RECTORS II	N 10
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Pg 292

10. DELETE:

JUDY HAMLER 5087 Mint Hill Court Tallahassee, Florida 32308

KIM CHRISTOPHER 2973 Giverny Circle Tallahassee, Florida 32308

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017			
Reference: (Sub Account)		. <u>. </u>		
Date:	6/1/01			
Requestor Name:	Cariton Fields	SUFPART THE SUFF		
Address:	Post Office Box 190 Tallahassee, Florida 32302	JUNI -1 JUNI -1 JUNI -1		
Telephone:	(850) 224-1585	OF THE ORALL		
Contact Name:	Kim Pullen (261)	43		
Corporation Name:	Tallahassee	e Area Crew, Anc.		
Entity Number (if appli Authorization:	cable): N960	0000/690		
Certified Copy (1-9)) UCC'S	Certificate of Status		
New Filings	Plain Stamped Copy	Annual Report		
Fictitious Name	Amendments	Registration		
(X)Call When Ready	(X) Call if Problem	() After 4:30		
(X) Walk in	() Will Wait	(X) Pick Up		
() Mail Out		Mu		
CF Internal Use Only Client: 95000 Mai	nter 97115			