

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90141 019 ****70.00

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1. Entity Name

TALONS & TAILS, INC.



Principal Place of Business

**17930 N.W. 19TH ST.
PEMBROKE PINES FL 33029**

Mailing Address

**17930 N.W. 19TH ST.
PEMBROKE PINES FL 33029**

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 **65-0894695**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FENIMORE, LYNN
17930 N.W. 19TH ST.
PEMBROKE PINES FL 33029**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lynn A. Fenimore*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

1/3/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **CO**
STREET ADDRESS **FENIMORE, LYNN**
CITY-ST-ZIP **17930 NW 19TH STREET
PEMBROKE PINES FL 33029**

TITLE ☐ Change ☒ Addition
NAME **T Richard A. Steele**
STREET ADDRESS **10660 Griffin Rd**
CITY-ST-ZIP **Ft Lauderdale, FL 33328**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **HOLLOWAY, C. LEE**
CITY-ST-ZIP **851 KNIGHTS ROAD
HOLLYWOOD FL 33021**

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **Bill Temples**
CITY-ST-ZIP **7740 NW 31st Ave
Hollywood, FL 33024**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **JOHNS, MIKE**
CITY-ST-ZIP **3551 N STATE ROAD 7
HOLLYWOOD FL 33021**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **SEVERSON, CARMEL**
CITY-ST-ZIP **773 NW 103 TERRACE
PEMBROKE PINES FL 33026**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lynn A. Fenimore

1/3/03

CR2E037 (10/02)