

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91767 039 \*\*\*150.00

DOCUMENT # P0000106717

1. Entity Name

Thomas Tallaksen Custom Homes Inc.



**DO NOT WRITE IN THIS SPACE**

90128561

2. Principal Place of Business

6 Zinzendorf Pl

3. Mailing Address

6 Zinzendorf Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Palm Coast FL

City & State  
Palm Coast FL

4. FEI Number

59-3757723

Applied For

Not Applicable

Zip

32164

Country

USA

Zip

32164

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Julie Tallaksen

Street Address (P.O. Box Number is Not Acceptable)

6 Zinzendorf Place

City

Palm Coast

FL

Zip Code

32164

**DO NOT WRITE  
IN THIS SPACE**

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

Julie Tallaksen

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

(NOTE: Registered Agent signature required when reinstating)

3/17/03

DATE

January 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Thomas Tallaksen Jr.  
6 Zinzendorf Pl  
Palm Coast, FL 32164

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T/S  
Julie Tallaksen  
6 Zinzendorf Pl  
Palm Coast, FL 32164

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julie Tallaksen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

386-437-2997

Daytime Phone #

CR2E034B (12/02)