

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90083 038 ***150.00

016154 AV

DOCUMENT # P01000110783

1. Entity Name
TALK TRASH, INC.



Principal Place of Business
3807 W. MAIN ST. 4449 CR 508
LEESBURG FL 34748 Wildwood, FL 34785

Mailing Address
3807 W. MAIN ST. PO Box 664
LEESBURG FL 34748 Wildwood, FL
34785



2. Principal Place of Business
4449 CR 508

3. Mailing Address
PO Box 664

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Wildwood, FL

City & State
Wildwood, FL

Zip
34785

Country
USA

Zip
34785

Country
USA

4. FEI Number **22-3849650**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COSSON, JAY DEE III
3807 W. MAIN ST. 4449 CR 508
LEESBURG FL 34748 Wildwood, FL 34785

7. Name and Address of New Registered Agent

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 *Natalie S. Cosson* **8-12-03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	DPV COSSON, JAY DEE III 144 TARA OAKS CIR. PO Box 664 LADY LAKE FL 32159 Wildwood, FL 34785	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COSSON, NATALIE PO Box 664 1454 TARA OAKS CIR. Wildwood, FL 34785 LADY LAKE FL 32159	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Natalie S. Cosson* **8-12-03** **352-748-7300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment
80138813
PO1000110783

PO Box 664
Wildwood, FL 34785

Talk Trash, Inc.

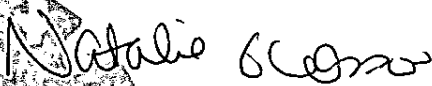
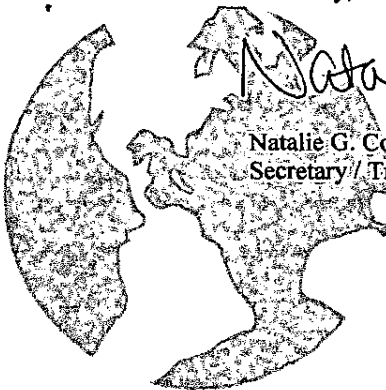
August 12, 2003

PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I received a notice for the first time on 7/25/03 I have sent a check for the \$150.00-filing fee. If you need to contact me for any further information, please call 352-748-7300.

Sincerely,



Natalie G. Cosson
Secretary/Treasurer