

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90439 031 ***150.00

DOCUMENT # **P02000084099**



1. Entity Name
TALLON AUTOSPORTS, INC.

Principal Place of Business
**4236 SW 35TH TR.
GAINSVILLE FL 32608**

Mailing Address
**4236 SW 35TH TR.
GAINSVILLE FL 32608**

2. Principal Place of Business
4236 SW 35TH TR

3. Mailing Address
SAME

Suite, Apt. #, etc.
GAINSVILLE, FL

Suite, Apt. #, etc.
SAME

City & State
GAINSVILLE, FL

City & State
GAINSVILLE, FL

Zip
32608

Country
USA

4. FEI Number
510418056

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

**WINNIE, JOHN S
3520 N.W. 43RD STREET
GAINSVILLE FL 32606**

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 *John S. Winnie*

April 16, 2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	WINNIE, JOHN S
STREET ADDRESS	4236 SW 35TH TR.
CITY-ST-ZIP	GAINSVILLE FL 32608
TITLE	D <input type="checkbox"/> Delete
NAME	GILLIAM, JUNE G
STREET ADDRESS	4636 SW 35TH TERRACE
CITY-ST-ZIP	GAINSVILLE FL 32606
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *John S. Winnie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2003
Date Daytime Phone #

MADE IN FLORIDA

CR2E034 (10/02)