

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90089 032 ***550.00

0143839 AT

DOCUMENT # **P92000012056**



1. Entity Name
TALMAGE CONSTRUCTION, INC.

Principal Place of Business
**634 SW SANSONA LANE
PORT SAINT LUCIE FL 34953
US**

Mailing Address
**PO BOX 880157
PORT SAINT LUCIE FL 34988
US**



2. Principal Place of Business
550 S.W. Airoso Blvd.

3. Mailing Address
Same

Suite, Apt. #, etc.
AS Above

CHECK HERE IF MAKING CHANGES

City & State
Port Saint Lucie, Fl.

City & State

4. FEI Number **65-0375585**

Applied For
 Not Applicable

Zip **34983** Country **U.S.**

Zip Country

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

6. Name and Address of Current Registered Agent
**MCDONALD, MARSHALL III
224 DATURA STREET
SUITE 1109
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent
Name **Carl Talmage**
Street Address (P.O. Box Number is not Acceptable) **550 S.W. Airoso Blvd.**
City **Port Saint Lucie FL** Zip Code **34983**

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 **Carl Talmage (President)** DATE **8-26-03**

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TALMAGE, CARL DAVID 634 SW SANSON LANE PORT SAINT LUCIE FL 34953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Talmage, Carl David 550 S.W. Airoso Blvd Port St. Lucie, Fl. 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: **Carl Talmage** DATE **8-26-03** DAYTIME PHONE # **263-1238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)