

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P940000069809**

1. Entity Name

T&L Contractors, Inc

APPROVED
AND
FILED

01 FEB -6 PM 4:07

Principal Place of Business

Mailing Address

**611 N Tampa Avenue
Orlando, FL 32805**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

611 N Tampa Avenue

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

4. FEI Number

59-3267639

Applied For

Not Applicable

Zip

32805

Country

US

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Loretta Tarlbet
611 N Tampa Avenue
Orlando, FL 32805**

Name

same

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.

SIGNATURE

Loretta Tarlbet President

2-6-2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
NAME **Loretta Tarlbet**
STREET ADDRESS **611 N Tampa Avenue**
CITY-ST-ZIP **Orlando, FL 32805**

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

TITLE **Vice President** ☐ Delete
NAME **Jackie Jones**
STREET ADDRESS **7709 Penicillin Avenue**
CITY-ST-ZIP **Orlando, FL 32819**

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

TITLE **Arthur Davis Treasurer** ☐ Delete
NAME
STREET ADDRESS **7709 Penicillin Avenue**
CITY-ST-ZIP **Orlando, FL 32819**

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

TITLE **Secretary** ☐ Delete
NAME **Loretta Tarlbet**
STREET ADDRESS **611 N Tampa Avenue**
CITY-ST-ZIP **Orlando, FL 32805**

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

TITLE **Director of Finance** ☐ Delete
NAME **Walter Wright**
STREET ADDRESS **311 N Collins Avenue**
CITY-ST-ZIP **Orlando, FL 32805**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Loretta Tarlbet President

2-6-2001 407-340-3187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)