

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name P 94000069809 (9)

T & L CONTRACTORS, INC.

Principal Place of Business

Mailing Address

611 N. Tampa Avenue
Orlando, FL 32805

611 N. Tampa Avenue
Orlando, FL 32805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3267639

Applied For

Not Applicable

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 Tarlbort
611 N. Tampa Avenue
Orlando, FL 32805

Name **Climmie H. Tarlbort**

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

611 N. Tampa Avenue

City Orlando

FL

Zip Code
32805

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

Climmie H. Tarlbort

CLIMMIE H. TARLBORT,

4-3-01

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 **Director of Finance** ☒ Delete
NAME **Walter Wright**
STREET ADDRESS **311 N. Dollins Ave.**
CITY-ST-ZIP **Orlando, FL 32805**

TITLE **P/S/T /DIR** ☒ Change ☐ Addition
NAME **Jackie Jones**
STREET ADDRESS **611 N. Tampa Ave.**
CITY-ST-ZIP **Orlando, FL 32805**

TITLE **Director of Public Relations** ☒ Delete
NAME **Suxette Farquharson**
STREET ADDRESS **5318 Pacific Heights Circle**
CITY-ST-ZIP **Orlando, FL 32818**

TITLE **V /DIR** ☒ Change ☐ Addition
NAME **Climmie H. Tarlbort**
STREET ADDRESS **611 N. Tampa Ave.**
CITY-ST-ZIP **Orlando, FL 32805**

TITLE **DIR** ☐ Delete
NAME **Loretta Tarlbort**
STREET ADDRESS **611 N. Tampa Ave.**
CITY-ST-ZIP **Orlando, FL 32805**

TITLE **3000004014349-8** ☐ Change ☐ Addition
NAME **-04/17/01-01111-006**
STREET ADDRESS *******61.25 *****61.25**
CITY-ST-ZIP

TITLE **DIR** ☒ Delete
NAME **Loretta Tarlbort**
STREET ADDRESS **611 N. Tampa Ave.**
CITY-ST-ZIP **Orlando, FL 32805**

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

TITLE **SP** ☐ Delete
NAME **SP**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **SP** ☐ Delete
NAME **SP**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SP** ☐ Change ☐ Addition
NAME **SP**
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/100)