

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90052 048 ***150.00

DOCUMENT # P96000029170

1. Entity Name

TALBOT ENVIRONMENTAL, INC.

00036103



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

380 SEMORAN COMMERCE PLACE
A-103
APOPKA FL 32703
US

380 SEMORAN COMMERCE BLVD.
A-103
APOPKA FL 32703-4683
US

2. Principal Place of Business

239 Hunt Club Blvd.

3. Mailing Address

239 Hunt Club Blvd.

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Longwood FL

City & State

Longwood FL

Zip

32779

Country

USA

Zip

32779

Country

USA

4. FEI Number

59-3371725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TALBOT, TIMOTHY J.
380 SEMORAN COMMERCE PLACE
STE. A-103
APOPKA FL 32703

Name

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

239 Hunt Club Blvd.

Suite 201

City

Longwood

FL

Zip Code

32779

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

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	TALBOT, TIMOTHY J	
STREET ADDRESS	380 SEMORAN COMMERCE PL A103	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRIFFY, WALTER W	
STREET ADDRESS	1286 INDIAN BLUFF DR.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input type="checkbox"/> Delete
NAME	GISSUEBEL, PAMELA K	
STREET ADDRESS	380 SEMORAN COMM. PLACE STE A103	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRIFFY, SUZANNE P	
STREET ADDRESS	1286 INDIAN BLUFF DR.	
CITY-ST-ZIP	APOPKA FL 32703	
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/00

(407)682-2010

CR2E034 (9/99)