## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000059799** May 17, 2000 8:00 am Secretary of State 1. Entity Name THE TALLWOOD GROUP, INC. 05-17-2000 90974 005 \*\*\*150.00 Principal Place of Business Mailing Address 263 BOWLES ST. 263 BOWLES ST. NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 32266-4918 2. Principal Place of Business 3. Mailing Address 3 RD Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3455722 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32233 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RUSSELL, CARL 263 BOWLES ST. NEPTUNE BEACH FL 32266 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. nted name of registered agent and title if applicable ent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE ☐ Delete RUSSELL, RON S NAME NAME 22 TALLWOOD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BCH FL 32250 CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete RUSSELL, CARL E NAME NAME 347 3RD Street Atlantic-Beach; Fl -32233... 263 BOWLES ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEPTUNE BCH FL 32266 CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: