

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000059799**1. Entity Name
THE TALLWOOD GROUP, INC.Principal Place of Business
347 3RD STREET
ATLANTIC BEACH FL 32233
Mailing Address
347 3RD STREET
ATLANTIC BEACH FL 322332. Principal Place of Business
812 OCEAN BLVD
3. Mailing Address
812 OCEAN BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ATLANTIC BEACH FL
City & State
ATLANTIC BEACH FLZip
32233
Country
Zip
32233
Country4. FEI Number
59-3455722
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent**RUSSELL CARL
347 3RD STREET
ATLANTIC BEACH FL 32233**7. Name and Address of New Registered Agent**Name
RUSSELL CARL
Street Address (P.O. Box Number is Not Acceptable)
812 OCEAN BLVD
City ATLANTIC BEACH FL Zip Code
32233

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 _____ 04/30/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	RUSSELL CARL E	
STREET ADDRESS	347 3RD STREET	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	P	<input type="checkbox"/> Delete
NAME	RUSSELL RON S	
STREET ADDRESS	22 TALLWOOD RD	
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUSSELL CARL E		
STREET ADDRESS	812 OCEAN BLVD		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		
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			
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: Carl E Russell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2001

Date

Daytime Phone #

CR2E034 (11/00)