

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039767

1. Entity Name
TALLAKSEN INCPrincipal Place of Business
155 FLORIDA PARK DR.
PALM COAST FL 321372. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-3573799 Applied For
 Not Applicable5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

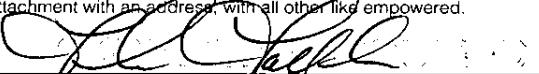
TALLAKSEN, THOMAS SR.
155 FLORIDA PARK DR.
PALM COAST FL 321377. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
(See criteria on back) **Make Check Payable to Department of State** **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TALLAKSEN, ROSEMARIE 155 FLORIDA PARK DRIVE PALM COAST FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TALLAKSEN, THOMAS 155 FLORIDA PARK DR PALM COAST FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90014 011 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)