

2000 UNIFORM BUSINESS REPORT (UBR)

0023263

DOCUMENT # P99000041606

1. Entity Name
TAL AVIATION, INC.

FILED
00 APR 27 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1120-C BEVILLE RD.
DAYTONA BEACH FL 32114

Mailing Address
1120-C BEVILLE RD.
DAYTONA BEACH FL 32114-5767

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
04/12/00 90172 012 \$150
4. FEI Number
59-3575023

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

BARKIN, MARSHALL H
149P S. RIDGEWOOD AVE. STE. 710
DAYTONA BEACH FL 32114

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. ☐
(See criteria on back)

FILE NOW!!! FEE \$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	President	<input type="checkbox"/> Delete
NAME	Anthony S. Lombardo	
STREET ADDRESS	395 S. Atlantic Ave # 203	
CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	FRANK TODORA	
STREET ADDRESS	708 Carswell Ave	
CITY-ST-ZIP	Holly Hill, FL 32117	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	JACK ARRAITS	
STREET ADDRESS	311 John Anderson Dr	
CITY-ST-ZIP	Ormond Beach, FL 32176	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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

4/4/00

Date

Daytime Phone #

CR2E034 (9/99)

SP