

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90017 016 ***150.00

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DOCUMENT # P99000041606

1. Entity Name
TAL AVIATION, INC.

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

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

2. Principal Place of Business
111 EXECUTIVE CIRCLE
Suite, Apt. #, etc.
A

3. Mailing Address
111 EXECUTIVE CIRCLE
Suite, Apt. #, etc.
A

City & State
Daytona Beach, FL
Zip
32114
Country
USA

City & State
Daytona Beach, FL
Zip
32114
Country
USA

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

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

7. 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.
(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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOMBARDO, ANTHONY S 395 S. ATLANTIC AVE., #703 ORMOND BEACH FL 32176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TODORA, FRANK 708 CARSWELL AVE HOLLY HILL FL 32117 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARRANTS, JACK 311 JOHN ANDERSON DR ORMOND BEACH FL 32176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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

4/4/01
Date

904-258-3422
Daytime Phone #

CR2E034 (10/00)