

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90060 019 ***150.00

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DOCUMENT # P99000101747

1. Entity Name

TALBERT CONSTRUCTION COMPANY, INC.



Principal Place of Business

**2200 NE 2ND ST.
SUITE 1
POMPANO BEACH FL 33062**

Mailing Address

**9434 AEGEAN DRIVE
BOCA RATON FL 33496**

2. Principal Place of Business

9434 AEGEAN Drive
Suite, Apt. #, etc.

3. Mailing Address

9434 AEGEAN Drive
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

BOCA RATON FL

City & State

BOCA RATON

4. FEI Number

65-0380972

Applied For

Not Applicable

Zip

33496

Country

PalM Beach

Zip

33496

Country

PalM Beach

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TALBERT, TIMOHTY
9434 AEGEAN DRIVE
BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

Name

TIMOTHY TALBERT

Street Address (P.O. Box Number is Not Acceptable)

9434 AEGEAN Drive

City

BOCA RATON

FL

Zip Code

33496

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TALBERT, TIMOTHY M**
CITY-ST-ZIP **9434 AEGEAN DRIVE
BOCA RATON FL 33496**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TALBERT, JAMES T JR**
CITY-ST-ZIP **2098 LAKE MARION DRIVE
APOPKA FL 33270**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY TALBERT

4-10-03

Date

Daytime Phone #

CR2E034 (10/02)