

2000 UNIFORM BUSINESS REPORT (UBR)

3/24

FILED
May 15, 2000 8:00 am
Secretary of State

03-24-2000 90076 031 ***150.00

DOCUMENT # P99000107701

1. Entity Name

TALE TALKER LEASING, INC.

Principal Place of Business

Mailing Address

**57 SOUTH WOODLAWN
 NORTH VERNON IN 47265**

**457 SOUTH WOODLAWN
 NORTH VERNON IN 47265**

2. Principal Place of Business

457 SOUTH WOODLAWN

3. Mailing Address

P.O. Box 197

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH VERNON, IN

City & State

NORTH VERNON, IN

4. FEI Number

35-2095600

Applied For

Not Applicable

Zip

47265

Country

USA

Zip

47265

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GAY, L. LAMAR
 633 TIMBERLANE ROAD
 TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name **LARRY GREATHOUSE**

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

C/O L. LAMAR GAY

633 TIMBERLANE ROAD

City **TALLAHASSEE**

FL

Zip Code

32312

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

Larry Greathouse

(NOTE: Registered Agent signature required when reinstating)

4/4/00

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GREATHOUSE, LARRY	
STREET ADDRESS	457 SOUTH WOODLAWN	
CITY-ST-ZIP	NORTH VERNON IN 47265	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, DONALD J	
STREET ADDRESS	457 SOUTH WOODLAWN	
CITY-ST-ZIP	NORTH VERNON IN 47265	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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		<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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

Larry Greathouse Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

812-346-4907

Daytime Phone #