

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90171 009 ***150.00

DOCUMENT # P99000107701

1. Entity Name
TALÉ TALKER LEASING, INC.

Principal Place of Business

457 SOUTH WOODLAWN
NORT VERNON IN 47265

Mailing Address

P.O. BOX 197
NORT VERNON IN 47265

2. Principal Place of Business

2215 LAKEVIEW

Suite, Apt. #, etc.

3. Mailing Address

P.O. 197

Suite, Apt. #, etc.

City & State

NORTH VERNON

City & State

NORTH VERNON

Zip

47265

Country

USA

Zip

47265

Country

USA

4. FEI Number

35-2095600

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

GREATHOUSE, LARRY
C/O LAMAR L. GAY
633 TIMBERLANE ROAD
TALLAHASSEE FL 32312

Name LARRY GREATHOUSE

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

C/O SCOTT WALKER
257 W. SEAVIEW CR.

City DUCK KEY

FL

Zip Code

33050

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

LARRY J. GREATHOUSE

DATE

1/11/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GREATHOUSE, LARRY
STREET ADDRESS 457 SOUTH WOODLAWN
CITY-ST-ZIP NORT VERNON IN 47265

TITLE ☒ Change ☐ Addition
NAME 2215 LAKEVIEW.
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MILLER, DONALD J
STREET ADDRESS 457 SOUTH WOODLAWN
CITY-ST-ZIP NORT VERNON IN 47265

TITLE ☒ Change ☐ Addition
NAME 2235 LAKEVIEW
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 information.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry J. Greathouse
LARRY J. GREATHOUSE

Date

Daytime Phone #

1/11/01 812 346 4907

CR2E034 (10/00)