

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED

May 15, 2000 8:00 am
Secretary of State

03-24-2000 90076 032 ***150.00

DOCUMENT # P99000107702

1. Entity Name

TAILWALKER, INC.

Principal Place of Business

**457 SOUTH WOODLAWN
NORT VERNON IN 47265**

Mailing Address

**457 SOUTH WOODLAWN
NORT VERNON IN 47265**

2. Principal Place of Business

457 SOUTH WOODLAWN P.O. 197

3. Mailing Address

P.O. 197

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH VERNON IN

City & State

NORTH VERNON, IN

4. FEI Number

35-2095798

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

7. Name and Address of New Registered Agent

GAY, L. LAMAR

**633 TUNBERKABE ROAD
TALLAHASSEE FL 32312**

Name

LARRY GREATHOUSE

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

C/O LAMAR GAY

633 TUNBERKABE 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

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

3. 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00
Date

812-346-4990
Daytime Phone #

CR2E034 (9/99)