**2001 UNIFORM BUSINESS REPORT (UBR)** Feb 09, 2001 8:00 am DOCUMENT # P99000107702 **Secretary of State** 1. Entity Name TAILWALKER, INC. 02-09-2001 90213 005 \*\*\*150.00 Principal Place of Business Mailing Address 457 SOUTH WOODLAWN PO BOX 197 NORT VERNON IN 47265 NORT VERNON IN 47265 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **⊈**ity & State City & State 4. FEI Number Applied For 35-2095798 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREATMOXE, LARRY (P.O. Box Number is Not Acceptable) C/O LAMAR GAY 633 IMBERLANE RD TALLAHASSEE FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SECRETARY **C**hange TITLE ☐ Delete TITLE GREATHOUSE, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 457 SOUTH WOODLAWN CITY-ST-ZIP CITY-ST-ZIP NORT VERNON IN 47265 TITLE Delete TITLE Change MILLER, DONALD J NAME STREET ADDRESS 457 SOUTH WOODLAWN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERNON, IN 47265 **NORT VERNON IN 47265** PRESIDENT TITLE 5c07 ☐ Delete TITLE SCOTT WALKER NAME NAME 257 WE SEAVIEW-CR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 autoess, with all other like empowered.

INTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE

812346490

J. WEATHOUSE