

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90038 014 ***150.00

DOCUMENT # **✓ 47216**

1. Entity Name

TalQuin FABRICATIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4721 Capital Circle, S.W.

Suite, Apt. #, etc.

3. Mailing Address

4721 Capital Circle, S.W.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

Zip

32305

Country

Leon

City & State

Tallahassee, FL

Zip

32305

Country

Leon

4. FEI Number

59-3130393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MORRIS DAVIS

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

187 moody lane

City

Harana

FL

Zip Code

32333

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 required for principal place of business or registered agent and for all other applicable

(NOTE: Registered Agent Signature required when not applicable)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1: May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP

**President
MORRIS DAVIS
187 moody lane
HARANA FL 32333**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**Patricia Davis
187 moody lane
Harana, FL 32333**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Morris Davis, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02
DATE

576-9898
DE FILING FEE

CR2E034B (12/01)