

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0514602

DOCUMENT # 291232

04-03-2001 90068 031 ***150.00

1. Entity Name

TALISMAN ESTATES, INC.

Principal Place of Business

**35247 REYNOLDS AVE
 DADE CITY FL 33527 3**

Mailing Address

**35247 REYNOLDS AVE
 DADE CITY FL 33527 3**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1096484**

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

**LAUMER, FRANK J.
 35247 REYNOLDS AVE
 DADE CITY FL 33527 3**

Name

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

City

FL

Zip Code

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: *Sale Anne Laumer*
Signature, typed or printed name of registered agent and title if applicable.

Dale Anne Laumer
(NOTE: Registered Agent Signature required when reinstating)

3/17/01
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, 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: **PD** Delete
 NAME: **LAUMER, FRANK J**
 STREET ADDRESS: **35247 REYNOLDS AVE**
 CITY-ST-ZIP: **DADE CITY FL**

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

TITLE: **ST** Delete
 NAME: **LAUMER, DALE ANN**
 STREET ADDRESS: **LAUMER, DALE, ANNE**
 CITY-ST-ZIP: **DADE CITY FL**

TITLE: Change Addition
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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: *Dale Anne Laumer* **DALE ANNE LAUMER**

3/17/01
Date

352-583-2974
Daytime Phone #

CR2E034 (10/00)