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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State DOCUMENT # 291232 1. Entity Name 02-21-2002 90110 007 ***150.00 TALISMAN ESTATES, INC. Principal Place of Business Mailing Address 35247 REYNOLDS AVE 35247 REYNOLDS AVE DADE CITY FL 33525 DADE CITY FL 33525 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FÉI Number 59-1096484 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAUMER, FRANK J. Street Address (P.O. Box Number is Not Acceptable) 35247 REYNOLDS AVE DADE CITY FL 33525 City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME " LAUMER, FRANK J NAME STREET ADDRESS 35247 REYNOLDS AVE STREET ADDRESS CITY-ST-ZIP DADE CITY FL CITY-ST-ZIP TITLE ☐ Delete Addition TITLE Change NAME Laumer, dale ann NAME STREET ADDRESS STREET ADDRESS LAUMER, DALE, ANNE CITY-ST-7tP DADE CITY FL CITY-ST-ZIP ☐ Delete TITLE TITLE 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 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 were to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

indicated on this report or supplement

of the corporation or the rece

changed, or on an attachment

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