

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K04678

1. Entity Name

TALQUIN VAULT CO., INC.

Principal Place of Business

32342 ~~BLUE STAN HWY~~ Memorial Blue Star P.O. BOX 559  
MIDWAY FL 32343 MIDWAY FL 32343

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2857636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STRAUSS, FRED N  
1694 MCCOOK RD.  
QUINCY FL 32351

7. Name and Address of New Registered Agent

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

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, 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 DP  
NAME STRAUSS, FRED N.  
STREET ADDRESS 1694 MCCOOK RD.  
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

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

TITLE DST  
NAME STRAUSS, DEANNA  
STREET ADDRESS 1694 MCCOOK RD.  
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Fred N Strauss* Fred N. STRAUSS 4-4-01 850-574-2786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90035 024 \*\*\*150.00

527177



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)