

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90094 044 ***150.00

DOCUMENT # 654085

1. Entity Name

TALENT ASSESSMENT, INC.

Principal Place of Business

**6838 PHILLIPS PKWY DR S
JACKSONVILLE FL 32256
US**

Mailing Address

**6838 PHILLIPS PWY DR SO
P.O. BOX 5087
JACKSONVILLE FL 32256**

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 **59-2091087**

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

**BORDEN, BEN P.
6383 PHILLIPS PKWY DR S.
JACKSONVILLE FL 32256**

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

Ben P. Borden

Ben P. Borden President

4-24-01

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-instating)

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** ☐ Delete
NAME **BORDEN, BEN P.**
STREET ADDRESS **6838 PHILLIPS PWY DR S**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☒ Addition
NAME **Vice President**
NAME **Susan D. Jones**
STREET ADDRESS **6838 Phillips Parkway Dr. So.**
CITY-STATE-ZIP **Jacksonville, FL 32256** ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-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 address, with all other like empowered.

SIGNATURE:

Ben P. Borden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01 904-260-41102

Date

Daytime Phone #

CR2E034 (10/00)