

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000001742**

1. Entity Name  
**BIBLETALK INCORPORATED**

Principal Place of Business 7601 EAST TREASURE DRIVE #2120 NORTH BAY VILLAGE FL 33141	Mailing Address 7601 EAST TREASURE DRIVE #2120 NORTH BAY VILLAGE FL 33141
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2. Principal Place of Business 4001 SANTA BARBARA BLVD	3. Mailing Address 4001 SANTA BARBARA BLVD
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Suite, Apt. #, etc. #320	Suite, Apt. #, etc. #320
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City & State NAPLES FL	City & State NAPLES FL
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Zip 34104	Country	Zip 34104	Country
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4. FEI Number  
**65-0991871**

Applied For
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**

**CORAL GABLES FL**  
**33134 US**

**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 \_\_\_\_\_ **05/03/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BYERS KURT	
STREET ADDRESS	7601 EAST TREASURE DRIVE	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCDANIEL ALICE P	
STREET ADDRESS	7601 EAST TREASURE DRIVE	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDANIEL ALLEN W	
STREET ADDRESS	7601 EAST TREASURE DRIVE	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL ALICE P	
STREET ADDRESS	3517 WINIFRED ROW LANE #2703	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL ALLEN W	
STREET ADDRESS	3517 WINIFRED ROW LANE #2703	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Alice P McDaniel **STD** **05/03/2001**

CR2E037 (11/00)