

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90161 011 ***150.00

DOCUMENT # P00000106228

1. Entity Name
TALENTKEEPERS, INC.

Principal Place of Business

12 TRILBY BRANCH
LONGWOOD-FL-32779

Mailing Address

610 SPRING VALLEY ROAD
ALTAMONTE SPRINGS-FL-32714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2400 Maitland Ctr Pkwy

Suite, Apt. #, etc.
Suite 225

City & State
Maitland FL

Zip
32751

Country
Orange

3. Mailing Address

2400 Maitland Ctr. Pkwy

Suite, Apt. #, etc.
Suite 225

City & State
Maitland FL

Zip
32751

Country
Orange

4. FEI Number

59-3700800

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KG&L SERVICES, INC.

390 N ORANGE AVE, STE 600

ORLANDO FL 32801

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, 2002 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

TITLE **VP** ☐ Delete
NAME **FINNEGAN, RICHARD P**
STREET ADDRESS **7420 CYPRESS GROVE ROAD**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **P** ☐ Delete
NAME **FRANK, FREDRIC D**
STREET ADDRESS **12 TRILBY BRANCH**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **VP** ☐ Delete
NAME **MULLIGAN, CHRISTOPHER P**
STREET ADDRESS **610 SPRING VALLEY ROAD**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **COO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

Signature and Typed or Printed Name of Signing Officer or Director

4-16-02

407-660-6041

Date

Daytime Phone #

CR2E034 (9/01)