

2001 UNIFORM BUSINESS REPORT (UBR)

05-24-2001 90496 026 ***150.00
P96000027626

DOCUMENT # **P96000027626** ✓
1. Entity Name
TALK INK, INC.

FILED
01 JUL 16 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00069334

Principal Place of Business Mailing Address
TALK INK, INC.
21090 WATER OAK TER
BOCA RATON FL 33428-1719 (49 Jan)

2. Principal Place of Business 3. Mailing Address
8027 Mizner Lane **8027 Mizner Lane**
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Boca Raton, FL **Boca Raton, FL**
Zip Country Zip Country
33433 US **33433 US**

4. FEI Number Applied For
65-0666680 Not Applicable
8. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Sally Schoeneweiss
8027 Mizner Lane
Boca Raton, FL 33433

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
200004494352-8
-0724701-01100-002
******150.00 ****150.00**
City Zip Code
FL

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 Sally Schoeneweiss Sally Schoeneweiss 4/29/01
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
After MAY 15, 2001
Make Check Payable to Department of State
FEES: \$130.00
Fee will be \$550.00

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (11/00)

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: Sally Schoeneweiss Sally Schoeneweiss 4/29/01 561-883-1443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #