

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90057 019 ***150.00

DOCUMENT # P97000015759

1. Entity Name
MY TALKING RESUME, INC.

Principal Place of Business 100 N GWINTON AVE DELRAY BCH FL 33444 US	Mailing Address % R J SIMMS 100 N GWINTON AVE DELRAY BCH FL 33444-2634 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3438780**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
R J SIMMS
~~100 N GWINTON AVE~~
~~DELRAY BCH FL 33444~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
6504 CONTEMPO LANE
 City **BOCA RATON** FL Zip Code **33433**

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 *RJ Simms* **RJ SIMMS** **APRIL 29/00**
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, 2000 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 NAME P HENRICHS, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS 1401 UNIVERSITY DR., SUITE 301	
CITY-ST-ZIP CORAL SPRINGS FL 33071	
TITLE NAME ST HENRICHS, ANITA	<input type="checkbox"/> Delete
STREET ADDRESS 1401 UNIVERSITY DR., SUITE 301	
CITY-ST-ZIP CORAL SPRINGS FL 33071	
TITLE NAME D. R J SIMMS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 6504 CONTEMPO LN	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2233 FLORIDA BLVD	
CITY-ST-ZIP DELRAY BEACH, FL 33483	
TITLE NAME	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2233 FLORIDA BLVD	
CITY-ST-ZIP DELRAY BEACH, FL 33483	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *JOHN HENRICHS* **JOHN HENRICHS** **May 1 2000** **(561) 276-1848**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)