

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000002598**1. Entity Name  
TALBERT FINANCIAL SERVICES, INC.

Principal Place of Business 3500 GALT OCEAN DRIVE, SUITE 1516  FORT LAUDERDALE FL 33308	Mailing Address 3500 GALT OCEAN DRIVE, SUITE 1516  FORT LAUDERDALE FL 33308
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**93-0864665**

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**TALBERT PHILIP H  
3500 GALT OCEAN DRIVE, SUITE 1516FORT LAUDERDALE FL  
33308 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 \_\_\_\_\_ **02/10/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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	SD	<input type="checkbox"/> Delete
NAME	WAMBAUGH LAURIE A	
STREET ADDRESS	2034 N.E. 213TH	
CITY-ST-ZIP	FAIRVIEW OR 97204	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DV	<input type="checkbox"/> Delete
NAME	TALBERT PHILIP HII	
STREET ADDRESS	8169 D. ANDOVER COURT	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PC	<input type="checkbox"/> Delete
NAME	TALBERT PHILIP H	
STREET ADDRESS	3500 GALT OCEAN DRIVE, SUITE 1516	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Philip H. Talbert

Pres 02/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)