## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Feb 01, 2001 8:00 am **DOCUMENT # J14464 Secretary of State** LET'S TALK, INC. 02-01-2001 90125 050 \*\*\*150.00 Principal Place of Business Mailing Address 140 N BEACH ST PO BOX 107 DAYTONA BCH FL 32114 DAYTONA BEACH FL 32115-CAAT & A.O.T. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2675730 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRUCE BARENBAUM BARENBAUM, BRUCE ss (P.O. Box Number is Not Acceptable) 632 MARINA POINT DRIVE DAYTONA BEACH FL 32114 8. The above named entity subspits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE BARENBAUM, BRUCE NAME NAME MARINA POINT DR 632 MARINA POINT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP TITL F ☐ Delete TITLE BARENBAUM, PAULINE NAME NAME I MARINA POINT A STREET ADDRESS 632 MARINA POINT DRIVE STREET ADDRESS CITY-ST-7IP DAYTONA BEACH FL 32114 CITY-ST-ZIP TITLE ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition . Delete TITLE -TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITL F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change STREET ADDRESS 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 point 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 ddress, with all other