

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K95644

1. Entity Name
TALENT IN MOTION, INC.

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90014 022 ***550.00

08368300 AV

Principal Place of Business
5519 COMMONWEALTH AVE. N.
ST. PETERSBURG FL 33703

Mailing Address
5501 COMMONWEALTH AVE. N.
ST. PETERSBURG FL 33703

← correct address



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5519 Commonwealth Ave. N. ← same
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc. 11

City & State
St. Petersburg FL

City & State 11

4. FEI Number 75-2135127

Applied For
Not Applicable

Zip Country
33703 Pinellas

Zip Country
11 FL SA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, JULIE ANN
5501 COMMONWEALTH AVE. N.
ST. PETERSBURG FL 33703

Name
Julie Ann Smith
Street Address (P.O. Box Number is Not Acceptable)
5519 Commonwealth Ave. N.
City
St. Petersburg FL Zip Code
33703

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, JULIE ANN 5501 COMMONWEALTH AVE. N. ST. PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SMITH, SCOTT K 5519 COMMONWEALTH AVE. N. SAINT PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

Julie Ann Smith 9-10-01 527-9162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)