

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90154 030 ***150.00

DOCUMENT

1. Entity Name

TALK OF THE TOWN INC

SALON K9838

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

TALK OF THE TOWN SALON

Suite, Apt. #, etc.

TALK

3. Mailing Address

85 NW 1st Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

High Springs FL

City & State

High Springs FL

4. FEI Number

59-2956011

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANTOINETTE J HUNT

Street Address (P.O. Box Number is Not Acceptable)

85 NW 1st Avenue

High Springs

City

FL

Zip Code

32643

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 STREET ADDRESS CITY - ST - ZIP	<i>PRESIDENT</i> <i>Hunt Antoinette J</i> <i>10431 NW 234th St Okachua Fl</i> <i>32645</i>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antoinette Hunt
President

4/25/02

Date

Daytime Phone

3864544422

CR2E034B (12/01)