

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# **L00000005455**

1. Entity Name

TALENTS, L.C.

FILED

01 AUG -8 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**1400 GRASSLANDS BLVD., UNIT 37
LAKELAND FL 33803**

Mailing Address

**1400 GRASSLANDS BLVD., UNIT 37
LAKELAND FL 33803**

2. Principal Place of Business

3. Mailing Address

P.O. Box 725589

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State
Atlanta, GA 30339**

4. FEI Number

58-2542343

Applied For

Not Applicable

Zip

Country

31139-2589

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WHITMAN, HOWE D
1400 GRASSLANDS BLVD., UNIT 37
LAKELAND FL 33803**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001**

**100004536711--6
-08/15/01--01072--013
*****50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE **Manager** ☐ Delete
NAME **Howe D. Whitman**
STREET ADDRESS **1400 Grasslands Blvd., Unit 37**
CITY-ST-ZIP **Lakeland, FL 33803**

TITLE **Member/Manager** ☐ Delete
NAME **Howe D. Whitman, Jr.**
STREET ADDRESS **4216 Lorcom Lane**
CITY-ST-ZIP **Arlington, VA 22207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Member** ☐ Change ☐ Addition
NAME **Paige W. Merkle**
STREET ADDRESS **4066 Keswick Drive**
CITY-ST-ZIP **Atlanta, GA 30339**

TITLE **Member** ☐ Change ☐ Addition
NAME **Brenda W. Whitman**
STREET ADDRESS **4216 Lorcom Lane**
CITY-ST-ZIP **Arlington, VA 22207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/27/01 863-688-1201

CR2E083 (5/01)