

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

0023076

**DOCUMENT # L00000005455**

1. Entity Name

**TALENTS, L.C.**



08-14-2003 90047 013 \*\*\*\*50.00

Principal Place of Business

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

Mailing Address

**P.O. BOX 725589  
ATLANTA GA 31139-2589**

2. Principal Place of Business

**3067 Grasslands Drive**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Lakeland, FL**

City & State

4. FEI Number **58-2542343**

Applied For

Not Applicable

Zip  
**33803**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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)

**3067 Grasslands Drive**

City

**Lakeland**

**FL**

**33803**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/11/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **WHITMAN, HOWE D**  
STREET ADDRESS **1400 GRASSLANDS BLVD., UNIT 37**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **MGRM** ☐ Delete  
NAME **WHITMAN, HOWE D JR.**  
STREET ADDRESS **4216 LORCOM LANE**  
CITY-ST-ZIP **ARLINGTON VA 22207**

TITLE **MEM** ☐ Delete  
NAME **MERKLE, PAIGE W**  
STREET ADDRESS **4066 KESWICK DRIVE**  
CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **MEM** ☐ Delete  
NAME **WHITMAN, BRENDA W**  
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

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3067 Grasslands Drive**  
CITY-ST-ZIP **Lakeland, FL 33803**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9 Nelson Ridge Road**  
CITY-ST-ZIP **Princeton, NJ 08540**

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9 Nelson Ridge Road**  
CITY-ST-ZIP **Princeton, NJ 08540**

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

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 #

**8/11/03**

**843-688-1201**

CR2E083 (4/03)