

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 90556 005 \*\*\*150.00

**DOCUMENT # M65412**

**1. Entity Name**  
**STEPHANIE GIBBS MODELS & TALENT, INC.**

**Principal Place of Business**

1365-D S PATRICK DR  
 SATELLITE BEACH FL 32937

**Mailing Address**

1365-D S PATRICK DR  
 SATELLITE BEACH FL 32937

**2. Principal Place of Business**

165 N. Orlando ave  
 Suite, Apt. #, etc.

**3. Mailing Address**

165 N. Orlando ave.  
 Suite, Apt. #, etc.

**City & State**

Cocoa Beach, FL

**Zip**

32931

**Country**

Brevard

**City & State**

Cocoa Bch., FL

**Zip**

32931

**Country**

Brevard

**4. FEI Number**

65-0031035

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

WALKER, STEPHANIE GIBB  
 645 JACKSON CT  
 SATELLITE BEACH FL 32937

**7. Name and Address of New Registered Agent**

Name: Lauren Munson  
 Street Address (P.O. Box Number is Not Acceptable): 165 N. Orlando Avenue  
 City: Cocoa Bch. FL Zip Code: 32931

**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: *Stephanie Gibbs Walker* *Lauren B. Munson* *Stephanie Gibbs Walker* DATE: April 31, 02  
 (NOTE: Registered Agent signature required when reinstating)

**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 \$150.00**  
**After May-1-2002-Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE: P ☐ Delete  
 NAME: WALKER, STEPHANIE G  
 STREET ADDRESS: 645 JACKSON CT  
 CITY-ST-ZIP: SATELLITE BEACH FL 32937

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: President ☒ Change ☐ Addition  
 NAME: Lauren Munson  
 STREET ADDRESS: 165 N. Orlando Ave  
 CITY-ST-ZIP: Cocoa Beach, FL 32931

TITLE: Vice President ☐ Change ☒ Addition  
 NAME: Stephen David Munson  
 STREET ADDRESS: 142 North Atlantic Ave  
 CITY-ST-ZIP: Cocoa Beach, FL 32931

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

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ 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: *Lauren B. Munson* *Stephanie Gibbs Walker*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/02 321-799-9127  
 Date Daytime Phone #

CR2E034 (9/01)