

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006798

1. Entity Name

REAL TALK, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90022 031 ***150.00

0479683

Principal Place of Business

1801 E COLONIAL DRIVE STE 107
ORLANDO FL 32803

Mailing Address

~~1801 E COLONIAL DRIVE STE 107~~
~~ORLANDO FL 32803~~

550319

2. Principal Place of Business

3. Mailing Address

6656 Imperial Oak Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

4. FEI Number

59-3616606

Applied For

Not Applicable

Zip

Country

32819

Country

USA.

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

SCHWARTZ, LINDA
1801 E COLONIAL DRIVE STE 107
ORLANDO FL 32803

Name

Linda Schwartz

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

6656 Imperial Oak Ln.

City

Orlando

FL

Zip Code

32819

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

4/30/01

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, 2001 Fee will be \$550.00
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 P
NAME SCHWARTZ, LINDA
STREET ADDRESS 1801 E COLONIAL DRIVE STE 1
CITY-ST-ZIP ORLANDO FL 32803

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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:

22-52

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/01

Daytime Phone #

CR2E034 (10/00)