

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90020 032 ***150.00

DOCUMENT # P00000011443

1. Entity Name

TALK TALENT INC

Principal Place of Business

12300 ALTERNATE A1A, STE. 210
PALM BEACH GARDENS FL 33410

Mailing Address

12300 ALTERNATE A1A, STE. 210
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

4262 NORTHLAKE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#416

City & State

Palm Beach Gardens FL

Zip

33410

Country

USA

Country

4. FEI Number

65-0751300

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARRAS, LORI
12300 ALTERNATE A1A, STE. 210
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

THOMAS J. KARRAS

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

4262 NORTHLAKE BLVD. #416

City

Palm Bch Gardens

FL

Zip Code

33410

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)

☐

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

TITLE **P** ☐ Delete
NAME **KARRAS, LORI**
STREET ADDRESS **4262 NORTHLAKE BLVD., #416**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **VP** ☐ Delete
NAME **KARRAS, TOM**
STREET ADDRESS **4262 NORTHLAKE BLVD., #416**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)