

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051545

1. Entity Name
TALENTS BLESSED BY GOD PRODUCTIONS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 1:40

Principal Place of Business
10362 CHADBOURNE DRIVE
TAMPA FL 33624

Mailing Address
10362 CHADBOURNE DRIVE
TAMPA FL 33624



2. Principal Place of Business
10362 CHADBOURNE DR
Suite, Apt. #, etc.

3. Mailing Address
10362 CHADBOURNE DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE
09-14-01 90009 032 \$550.00

City & State
TAMPA, FL
Zip
33624

City & State
TAMPA, FL
Zip
33624

4. FEI Number
59-3462395

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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]* DATE: 9/14/01

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 \$350.00 After September 12, 2001 Fee will be \$750.00 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 NAME STREET ADDRESS CITY-ST-ZIP	C.E.O. LUCINDA ASKEW 10362 CHADBOURNE DR. TAMPA, FL 33624	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VERONICA BLAKELY 2727 W. FLETCHER AVE. #34-G. TAMPA, FL 33618	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. SHEILA ACKRIDGE-NEILON 3548 GALLOWAY DAHS CT. LAKELAND, FL 33810	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MISSION

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. SHEILA ACKRIDGE 3548 GALLOWAY DAHS CT. LAKELAND, FL 33810	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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)(g), Florida Statutes. I further certify that the information provided 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 or changed for or an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 9-11-01 813-962-1918