# FILED
# May 01, 2002 8:00 am
# Secretary of State

05-01-2002 91520 026 ***150.00

## FOR PROFIT CORPORATION
## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072924

1. Entity Name

TALENT FORCE, INC.

**DO NOT WRITE IN THIS SPACE**

045514

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 10231 NW 3 Street | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Pembroke Pines, FL | City & State |
| Zip: 33026 Country | Zip Country |

4. FEI Number 65-1031619 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

Name: BRETT SCHREIER

Street Address (P.O. Box Number is Not Acceptable): 10231 NW 3 Street

City: Pembroke Pines FL Zip Code: 33026

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 _____ DATE

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

**January 1 - May 1 Fee is $150.00**
**After May 1 Fee is $550.00**
**Amended UBR is $61.25**
**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 | PST |
| NAME | Bret Schreier |
| STREET ADDRESS | 10231 NW 3 Street |
| CITY-ST-ZIP | Pembroke Pines, FL 33026 |
| TITLE | VP |
| NAME | Jane Schreier |
| STREET ADDRESS | 10231 NW 3 Street |
| CITY-ST-ZIP | Pembroke Pines, FL 33026 |
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] President 4/18/02 954-450-9916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #