## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P0000075008 TALLEY & ASSOCIATES REALTY, INC. 04-13-2001 90017 006 \*\*\*150.00 Principal Place of Business Mailing Address 4141 51ST DRIVE WEST 4141 51ST DRIVE WEST **BRADENTON FL 34210** BRADENTON FL 34210 2. Principal Place of Business 3. Mailing Address 130 60m ρ.ο Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Brodenton City & State 4. FEI Number Applied For (45-1027-38) Not Applicable <u>maboat</u> Zip() \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent يواردهم يوارمه المحوريني بالا الريادات BISHOP, GERALD F Street Address (P.O. Box Number is Not Acceptable) 2831 RINGLING BLVD #218F SARASOTA FL 34237 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) TITLE Change TITLE ☐ Delete TALLEY, CLARENCE D. 130 60TH WEST DRIVE WEST NAME NAME 130 60th Street West STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SHAFFRE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-10-01

941-792-3216