2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 03, 2002 8:00 am P00000075008 DOCUMENT # Secretary of State 1. Entity Name 02-03-2002 90025 034 ***150.00 TALLEY & ASSOCIATES REALTY, INC. Principal Place of Business Mailing Address P O BOX 25 430 60TH ST W **BRADENTON FL 34209** LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address 728 5H Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1027381 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BISHOP, GERALD F Street Address (P.O. Box Number is Not Acceptable) 2831 RINGLING BLVD #218F SARASOTA FL 34237 City 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, 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, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01)☐ Delete TITLE TITLE Addition TALLEY, CLARENCE D NAME NAME 3728 5H OU NE **CR2E034** STREET ADDRESS STREET ADDRESS 130-60TH-ST-WEST CITY-ST-ZIP Bredenton, FL 34208 CITY-ST-ZIP BRADENTON FL-34209-TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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

SIGNATURE: Date Daytime Phone #

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