^{\2}001 UNIFORM BUSINESS REPORT (UBR)

DGCUMENT # P00000106228

200	1 UNIFORM BUS	INESS REPO	RT (UB	R)	FILEI		a.m.
DCCUMENT # P00000106228 1. Entity Name					Apr 16, 2001 Secretary o	f Stat	am e
TALENTI	KEEPERS, INC			}	04-16-2001 90045 00	2 ***158.75	5
·	ce of Business	Mailing Address					
2 TRILBY BRANCH .ONGWOOD FL 32779		12 TRILBY BRANCH LONGWOOD FL 32779					
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 610 Spring Valley Rd Suite, Apt. #, etc.					
Suite, Apt	, #, etc.	Suite, Apt. #, etc."	•	ļ	DO NOT WRITE IN THI	S SPACE	٠
City & Sta		·	rings, F	4.	FEI Number 3700800	No	nied For ot App Table
Zip	; Country	32714	Country Seminole	5.	Certificate of Status Des ধ 💢	\$8.75 Ada Fee Require	litional
	6. Name and Address of Current		Name	7.	Name and Address of New He		
KG&L SERVICES, INC. 390 N ORANGE AVE, STE 600			Street A	Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32801							1
			City		F	Zip Code	e
8. The above	e named entity submits this statement fo	r the purpose of changing its re	egistered office or	registered aç	gent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signate	are required when n	einstating) 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 Stat		50.00	10. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees
11.	OFFICERS AND		12.		DDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	-5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Richar 7420	LP. Finnegan Cypress Grove Roa	☐ Change ∠	Addition
TITLE NAME STREET ADDRESS		Detete	TITLE NAME STREET ADDRESS	P Fredri 12 Tri	ic A. Frank lby Branch	☐ Change	⊠ .Addition
CITY-ST-ZIP TITLE NAME		Delete	CITY-ST-ZIP TITLE NAME	10	opher P. Mulligan ring Vailey Rd.	[] Change.	€ Addition
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	Altam	onte Sorings FL 3:	2714	1
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
Street address ' City-St-Zip			Street address City-St-Zip				
TITLE NAME	 	☐ Delete	TITLE NAME		·	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				<u> </u>
TITLE NAME	<u> </u>	☐ Delate	TITLE			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			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 appowered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR