FILED
Jul 16, 2002 8:00 am
Secretary of State
05-01-2002 91523 020 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000017955

1. Entity Name

ISee All Talent Inc

DO NOT WRITE IN THIS SPACE

38627

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
739 Haven Place Suite, Apt. #, etc.	P.O. Box 376 Suite, Apt. #, etc.
City & State: Tarpon Springs FL Zip: 34689 Country: USA	City & State: Tarpon Springs FL Zip: 34688 Country: USA

4. FEI Number: 59-3704317 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Jason Brunk

Street Address (P.O. Box Number is Not Acceptable): 739 Haven Place

City: Tarpon Springs FL Zip Code: 34689

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	President
NAME	Jason Brunk
STREET ADDRESS	739 Haven Place
CITY-ST-ZIP	Tarpon Springs FL 34689
TITLE	Vice President
NAME	Eric White
STREET ADDRESS	280 Maple Ave
CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	
NAME	James Mankiewich - Secretary
STREET ADDRESS	5607 Forest Hills Dr
CITY-ST-ZIP	Holiday FL 34690
TITLE	
NAME	Richard Doyal Treasurer
STREET ADDRESS	16103 Gardendale Dr
CITY-ST-ZIP	Tampa, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-18-02 727-944-2310

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

Allachment to Doc #
P0100001795
38627

To whom it may concern,

We just recieved the letter informing us about the mistake on our Uniform Business report on 2-9-02. We are returning it as quick as we can thank you.

Jason Brush