## May 30, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P01000080855 DOCUMENT # 04-26-2002 90009 009 \*\*\*150.00 1. Entity Name ROYCE TALLANT, INC. Principal Place of Business Mailing Address 100 LEEWARD ISLAND 100 LEEWARD ISLAND **CLEARWATER FL 33767 CLEARWATER FL 33767** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-374 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TALLANT, ROYCE Street Address (P.O. Box Number is Not Acceptable) 100 LEEWARD ISLAND **CLEARWATER FL 33767** 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. (NQTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 ax filing requirement and elects to do so. 10.-Election Campaign Financing \$5:00 May Be Trust Fund Contribution. Added to Fees -\$5:00 May Be After May 1, 2002 Fee will be \$550.00 (Šee criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) TTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TALLANT, ROYCE **CR2E034** STREET ADDRESS 100 LEEWARD ISLAND STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33767 CITY-ST-ZIP 1171 F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Chânge ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F □ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 and dures, with playing like empowered.

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**FILED**