

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91777 011 ***150.00

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DOCUMENT # P02000067353

1. Entity Name

TALK N STYLE, INC.



Principal Place of Business

328 SE FLUVIA AVE
PALM BAY FL 32909

Mailing Address

328 SE FLUVIA AVE
PALM BAY FL 32909



2. Principal Place of Business

2280 NE Harris Ave

3. Mailing Address

2280 NE Harris Ave

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

2

City & State

Palm Bay, FL

City & State

Palm Bay, FL

Zip

32905

Country

USA

Zip

32905

Country

USA

4. FEI Number

35-2172640

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MOORE, RICHETTA C
328 SE FLUVIA AVE
PALM BAY FL 32909

7. Name and Address of New Registered Agent

Name: Talk 'N Style Inc
Street Address (P.O. Box Number is Not Acceptable): 2280 NE Harris Ave #2
City: Palm Bay FL Zip Code: 32905

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, RICHETTA C		NAME		
STREET ADDRESS	328 SE FLUVIA AVE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32909		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMERON, JUANITA		NAME		
STREET ADDRESS	328 SE FLUVIA AVE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32909		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMALL, DORIAN		NAME		
STREET ADDRESS	3301 HENRY ST		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-03 321-88-3635
Date Daytime Phone #

CR2E034 (10/02)