FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 NOV 13 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000092613

1. Entity Name
The Talbot Management Company, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13720-2 Ben C. Pratt Suite, Apt. #, etc. Six Mile Cypress Pkway	SAME Suite, Apt. #, etc.
City & State Ft. Myers, FL	City & State
Zip / Country 33912 / LEE	Zip / Country

4. FEI Number: 71-0901416 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Bernard D. Sommers

Street Address (P.O. Box Number is Not Acceptable): 1751 Tonto Trail

City: Maitland FL Zip Code: 32751

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: [signature] 11/10/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	William P. Liebe, P/D 582 Goddard Ave. Chesterfield, MO 63005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kenneth D. Stults, S/T 7924 Glenfinnan Circle Ft. Myers, FL 33912
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CR2E034B (12/02)

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

SIGNATURE: [signature] Kenneth D. Stults (Treasurer) 10/15/03 239-561-8155

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

TR