

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 91137 031 ***150.00

DOCUMENT # P39306

1. Entity Name

MODELS AND TALENT MANAGEMENT, INC.

Principal Place of Business

12747 OLIVE BLVD.
SUITE 214
ST. LOUIS MO 63141-6269
US

Mailing Address

12747 OLIVE BLVD. STE. 214
ST. LOUIS MO 63141-6269
US

2. Principal Place of Business

3. Mailing Address

648 TRADE CENTER BLDG

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHESTERFIELD, MO

Zip

Country

Zip

Country

63005

USA

4. FEI Number 43-1608510

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, PAULETTE S
8380 BAYMEADOWS RD.
STE. 13
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 _____ 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)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
CST
GANS, JAMES S.
STREET ADDRESS 12747 OLIVE BLVD. STE. 214
CITY-ST-ZIP ST. LOUIS MOTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
P
GANS, RICHARD
STREET ADDRESS 12747 OLIVE BLVD., STE. 214
CITY-ST-ZIP ST. LOUIS MOTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
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CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
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 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 with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-01 (314) 878-8282

CR2E034 (10/00)