

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90043 024 \*\*\*150.00

**DOCUMENT # P94000089294**

1. Entity Name

**SHELF TALKERS, INC.**

Principal Place of Business

**17843 SW 13TH STREET  
 PEMBROKE PINES FL 33029  
 US**

Mailing Address

**17843 SW 13 ST  
 PEMBROKE PINES FL 33029**

2. Principal Place of Business

**1111 S.W. 189th Terrace**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pembroke Pines, Florida**

City & State

**Same**

4. FEI Number

**NOT APPLICABLE**

Applied For

**65-0540727**

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

**RUSSELL, TRACY A  
 17843 SW 13 ST  
 PEMBROKE PINES FL 33029**

Name

**Tracy Ann Russell**

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

**1111 S.W. 189th Terrace**

City

**Pembroke Pines**

FL

Zip Code

**33029**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State**

10. 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 PD  
 NAME RUSSELL, TRACY A  
 STREET ADDRESS 17843 SW 13 ST  
 CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS 1111 S.W. 189th Terrace (address change only)  
 CITY-ST-ZIP Pembroke Pines, FL 33029 ☒ Change ☐ Addition

TITLE VD  
 NAME VILLENEUVE, KATHRYN  
 STREET ADDRESS 16 MIGNOTT PLACE  
 CITY-ST-ZIP KINGSTON, 8 JAMAICA ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD  
 NAME RUSSELL, COMPTON  
 STREET ADDRESS 17843 SW 13 ST  
 CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS 1111 S.W. 189th Terrace (Address change only)  
 CITY-ST-ZIP Pembroke Pines, FL 33029 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

**Tracy Ann Russell**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/01**  
 Date

**954-437-3620**  
 Daytime Phone #

CR2E034 (10/00)