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## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000064722**

1. Entity Name

**BOOM A MODEL & TALENT AGENCY, INC.**

Principal Place of Business

**13012 N. DALE MABRY HWY  
SUITE B  
TAMPA FL 33618  
US**

Mailing Address

**13012 N. DALE MABRY HWY  
SUITE B  
TAMPA FL 33618  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3336260**

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

**PAULSON, DI L**

**13012 N. DALE MABRY HWY**

**SUITE B**

**TAMPA FL 33618**

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

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
PAULSON, DIANE L  
13012 N. DALE MABRY HWY  
TAMPA FL 33618** ☐ 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

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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:

**SIGNATURE REQUIRED DIANE L. PAULSON**

7/6/01

813-264-1373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

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July 6, 2001

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Uniform Business Report  
FEI #59-3336260

Dear Sir,

I have filed the required 2001 Uniform Business Report (mailed 7/6/01). I am requesting the late fee be waived because I did not receive the first notice. I just started working with the company in January of this year and believe the last bookkeeper neglected to prepare and mail this report. Now that I am aware of this annual report, it will be prepared and mailed on time.

Thank You,

Carolyn Hill  
Bookkeeper  
Boom Model & Talent Agency