

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91121 038 \*\*\*150.00

**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

**126 3rd Ave N.**  
 Suite, Apt. #, etc.

3. Mailing Address

**126 3rd Ave N.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **Safety Harbor, FL** City & State **Safety Harbor, FL** 4. FEI Number **59-3336260** Applied For ☐ Not Applicable ☐

Zip **34095** Country **USA** Zip **34095** Country **USA** 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 **Stephen Simone**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10439 Central Ave.**  
 City **St. Plte, FL** **FL** Zip Code **33710**

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 **Stephen Simone** **4/24/2002**  
 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State** 10. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>PST</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>SD</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>PAULSON, DIANNE L</b>			NAME	<b>EDITH Livingstone</b>		
STREET ADDRESS	<b>13012 N. DALE MABRY HWY</b>			STREET ADDRESS	<b>126 3rd Ave N.</b>		
CITY-ST-ZIP	<b>TAMPA FL 33618</b>			CITY-ST-ZIP	<b>Safety Harbor, FL 34095</b>		
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
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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			

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: **Edith Livingstone** **4-26-2002**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)