

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000017546**

1. Entity Name

VISUAL COORDINATIONS BY CAROLE TALBOTT, INC.**FILED**
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90032 001 ***150.00

0302713
AT

Principal Place of Business

**2341 HOLLYWOOD BLVD
HOLLYWOOD FL 33020**

Mailing Address

**P.O. BOX 467
PORT SALERNO FL 34932-0467**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0652445

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TALBOTT, CAROLE**133 SE ASHLEY OAKS WAY
STUART FL 34997**Name **Carole Talbott**

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

3 Quail Run LaneCity **Stuart****FL**

Zip Code

34996

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

Carole Talbott

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-029. 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 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 **D** ☐ Delete
NAME **TALBOTT, CAROLE**
STREET ADDRESS **2341 HOLLYWOOD BLVD**
CITY-ST-ZIP **HOLLYWOOD FL 33020**TITLE **P, D** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3 Quail Run Lane**
CITY-ST-ZIP **Stuart, FL 34996**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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)(f), 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:

Carole Talbott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-02

CR2E034 (9/01)