

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am  
Secretary of State

05-05-2001 90832 018 \*\*\*150.00

DOCUMENT # P97000004856

1. Entity Name

TALBOT FREEMAN & ASSOC., INC.

Principal Place of Business

Mailing Address

2100 S OCEAN LANE  
STE 2112  
FT LAUD FL 33316  
US

2100 S OCEAN LANE  
STE 2112  
FT LAUD FL 33316  
US

2. Principal Place of Business

1600 SE 17TH STREET

3. Mailing Address

1600 SE 17TH STREET

Suite, Apt. #, etc.

# 403

Suite, Apt. #, etc.

# 403

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip  
33314

Country  
USA

Zip  
33316

Country  
USA

4. FEI Number 59-3428802

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

BOSSHARDT, KURT E ESQ  
ALLEY MAASS ROGERS & LINDSAY, PA  
1600 SE 17TH ST, STE 404  
FORT LAUDERDALE FL 33316

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FREEMAN, TALBOT</b> <b>2100 S OCEAN LANE STE 2112</b> <b>FORT LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 954-525-9696

CR2E034 (10/00)