

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90571 040 ***158.75

DOCUMENT # P97000013630

1. Entity Name
TALKING WALLS, INC.

Principal Place of Business

UNIVERSITY OF FLORIDA

GAINESVILLE FL 32611

Mailing Address

15001 NORTHWEST 42 AVENUE

OPA-LOCKA FL 33054

2. Principal Place of Business

University of Florida

3. Mailing Address

same as above

Suite, Apt. #, etc.

C2

Suite, Apt. #, etc.

City & State

Gainesville

City & State

Gainesville

Zip

FL

Country

32611

Zip

33054

Country

USA

4. FEI Number

65-0726973

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, MITCHELL E

15001 NW 42ND AVE

SUITE 121

OPA LOCKA FL 33054

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, 2002 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

TITLE **P** ☐ Delete
NAME **VASQUEZ, WILLIAM**
STREET ADDRESS **U OF FLORIDA, SUITE G-12**
CITY-ST-ZIP **GAINESVILLE FL 32611**

TITLE **VTSC** ☐ Delete
NAME **VASQUEZ, FABIO A**
STREET ADDRESS **15001 NW 42 AVE**
CITY-ST-ZIP **OPA LOCKA FL 33055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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)(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:

WILLIAM VASQUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

352-376-0077

Daytime Phone #

CR2E034 (9/01)