

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90026 041 \*\*\*150.00

**DOCUMENT # P97000063285**

**1. Entity Name**  
**TALISMAN PRODUCTIONS, INC.**

**Principal Place of Business**  
**6270 N HWY A1A**  
**VERO BEACH FL 32963**

**Mailing Address**  
**6270 N HWY A1A**  
**VERO BEACH FL 32963**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0792464**

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**

**ROSE, MICHAEL L**  
**6270 N HWY A1A**  
**VERO BEACH FL 32963**

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DPT** ☐ Delete  
**NAME** **ROSE, GRETCHEN E**  
**STREET ADDRESS** **71 CACHE CAY**  
**CITY-ST-ZIP** **VERO BEACH FL 32963**

**TITLE** **ROSE, GRETCHEN E.** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **811 ISLAND CLUB SQ**  
**CITY-ST-ZIP** **VERO BEACH FL 32963**

**TITLE** **DVS** ☒ Delete  
**NAME** **ROSE, MICHAEL L**  
**STREET ADDRESS** **71 CACHE CAY**  
**CITY-ST-ZIP** **VERO BEACH FL 32963**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**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** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/02**  
Date

**772234-5222**  
Daytime Phone #

CR2E034 (9/01)