

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088496

1. Entity Name

PURE TALENT AGENCY INC.

Principal Place of Business

334 EAST LAKE ROAD
SUITE 345
PALM HARBOR FL 34685

Mailing Address

334 EAST LAKE ROAD
SUITE 345
PALM HARBOR FL 34685-2427

2. Principal Place of Business

213 N. Belcher ROAD

Suite, Apt. #, etc.

3. Mailing Address

213 N. Belcher ROAD

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

59-3474534

Applied For

Not Applicable

Zip

33765

Country

USA

Zip

33765

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

T.J. CARRIGAN & CO., INC.
8802 ROCKY CREEK DRIVE
SUITE 8
TAMPA FL 33615

Name

T. J. CARRIGAN & CO. INC

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

11282 W. HILLSBOROUGH AVE

City

TAMPA

FL

Zip Code
33635

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

Thomas J. Carrigan

TAMAS J. CARRIGAN

2-9-2000

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS HAYEK, ANN MARIE
CITY-ST-ZIP 1813 GREENWOOD DRIVE
OLDSMAR FL 34677

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS HAYEK, JAMES A
CITY-ST-ZIP 1813 GREENWOOD DRIVE
OLDSMAR FL 34677

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

James A. Hayek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. HAYEK

Date

4/12/00

Daytime Phone #

727-796-9600

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90025 006 ***150.00



DO NOT WRITE IN THIS SPACE