

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90014 016 ***150.00

01132009 21

DOCUMENT # P98000035808

1. Entity Name
CENTRAL FLORIDA TALENT, INC.



Principal Place of Business 2601 WELLS AVE. FERN PARK FL 32730	Mailing Address 2601 WELLS AVE. FERN PARK FL 32730
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3508241	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEMBERTON, MARYA 2601 WELLS AVE. FERN PARK FL 32730	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PEMBERTON, MARYA 2601 WELLS AVE. FERN PARK FL 32730 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (5/01)

Attachment
P98 00003580 }
774485

CENTRAL FLORIDA

INC.

Talent

Florida Department of State:

On August 3, 2001 Central Florida Talent, Inc received the 2001 Uniform Business Report, to be filed before September 12, 2001. The original report, to be filed by May 1, 2001, was sent on April 18, 2001 with check number 15067. Both the check and report were returned to Central Florida Talent, Inc. because the check had no amount and was marked void. Check number 15189 with the amount of \$150 was sent to you again after the original due date of May 1, 2001, but was returned due to no UBR report. The last and final attempt to clear this problem up was the report was sent on the third try but again came back because of no check.

So in conclusion Central Florida Talent, Inc. has tried to take care of this matter on three different tries, all resulting in failure, due to no check or report. Central Florida Talent, Inc. has enclosed the UBR report with check number 15426 in the amount of \$150. Please consider dropping the penalty fee for the mistakes made. Enclosed are copies of checks that were returned and other miscellaneous items, showing that these mistakes were tried to be taken care of.

Thank you very much for your time and cooperation, and hopes this takes care of all the misunderstanding.

If you have any questions please call me at the following number: 407-830-9226

Sincerely,

Kristin Edly
Kristin Edly

Attachment
P98000035808
774485

CENTRAL FLORIDA TALENT INC.

830-9226
2601 WELLS AVENUE, SUITE 181
FERN PARK, FL 32707

NationsBank, N.A.

0872010
3500 S. Highway 17, 98
Casselberry, Florida 32707
63-319/631
13

Apr 18, 2001

015067

FAY TO THE
ORDER OF
VOID
Florida Department of State

VOID

Florida Department of State
PO Box 6327
Tallahassee, FL 32314

FEI# 59-3508241

MEMO #015067# 4083103193#

2835926920#

David P. ...

VOID AFTER 90 DAYS

DOLLARS

*****VOI

CENTRAL FLORIDA TALENT INC. FERN PARK, FL 32707
Florida Department of State

Item to be Paid - Description
2001 Uniform Business Report

Check Number: 15067 015067
Check Date: Apr 18, 2001
Check Amount: VOID
Discount Taken Amount Paid

Attachment
798000035808
774485

CENTRAL FLORIDA TALENT INC. FERN PARK, FL 32707
Florida Department of State

Check Number: 15189 **015189**
Check Date: Apr 18, 2001
Check Amount: \$150.00
Discount Taken Amount Paid

Item to be Paid - Description

2001 Uniform Business Report

150.00

Shawn Toner/
Andy Dunlap
850-245-6509

3rd report
no check

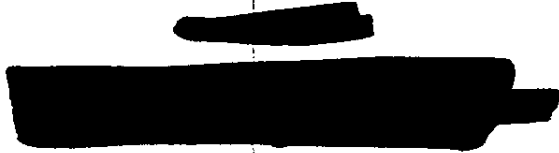
no report
sent back

FORM BUSINESS REPORT (UBR)

P98000035808

ORIDA TALENT, INC.

Attachment
P98000035808
774485



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business WELLS AVE. FERN PARK FL 32730		Mailing Address 2601 WELLS AVE. FERN PARK FL 32730		4. FEI Number 59-3508241		Applicable Not Applicable	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		5. Certificate of Status Document <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	PEMBERTON, MARYA 2601 WELLS AVE. FERN PARK FL 32730		Name Street Address (P.O. Box Number is Not Accepted) City 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: *Mary Pemberton P...*
Signature of officer or director of registered agent and if applicable (Typed Name of Agent) Signature required when not holding (Typed Name)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW! IN FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$350.00
 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	PSTD PEMBERTON, MARYA 2601 WELLS AVE. FERN PARK FL 32730	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Mary Pemberton P...</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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)(c), 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 "1" or Block "2" if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Pemberton P...*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

ANNUAL BUSINESS REPORT (UBR)

DOCUMENT # P 98000035 808

1. Entity Name
Central Florida Talent, Inc.

Principal Place of Business Mailing Address
2601 wells Ave. Ste 181 Same
Fern Park, FL 32730

2. Principal Place of Business 3. Mailing Address
2601 wells Ave 2601 wells Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
181 181
City & State City & State
Fern Park, FL Fern Park, FL
Zip Country Zip Country
32730 USA 32730 USA

4. FEI Number 59-3508241 Applied / Not Applied

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Pemberton, Marya
2601 wells Ave Ste 181
Fern Park, FL 32730

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering)

774485

DO NOT WRITE IN THIS SPACE

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
APR - MAY 1, 2001. FEE WILL BE \$550.00
IF NOT FILED BY APRIL 15 TO DEPARTMENT OF STATE

10. Election Campaign Financing \$5.00 May 9
Trust Fund Contribution Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PSTD Pemberton, Marya 2601 wells Ave Ste 181 Fern Park, FL 32730	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____