

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075796

1. Entity Name

TALON FINANCIAL GROUP, INC.

*name was changed  
to Corporate Interview  
.com*

Principal Place of Business

1180 SPRINGS CENTRE SOUTH BLVD.,STE.320  
ALTOMONTE SPRINGS FL 32714

Mailing Address

1180 SPRINGS CENTRE SOUTH BLVD.,STE.320  
ALTOMONTE SPRINGS FL 32714-1956

2. Principal Place of Business

3. Mailing Address

548 CAPE COD LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

302

City & State

City & State

ALTAMONTE SPRINGS FL

Zip

Country

Zip

Country

32714

USA

4. FEI Number

59-3593989

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

ESTIME, GILBERT  
17454 SW 79 CT.  
MIAMI FL 33157

Name

MICHAEL S. MOORE

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

548 CAPE COD LN. #302

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

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 MICHAEL S. MOORE

*Michael S. Moore*

04-18-2000

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, 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	P	<input type="checkbox"/> Delete
NAME	MOORE, MICHAEL S	
STREET ADDRESS	1180 SPRINGS CENTRE SOUTH BLVD.,STE.320	
CITY-ST-ZIP	ALTOMONTE SPRINGS FL 32714	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HILLARD, DERRALL	
STREET ADDRESS	1180 SPRINGS CENTRE SOUTH BLVD.,STE.320	
CITY-ST-ZIP	ALTOMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Michael S. Moore* MICHAEL S. MOORE

04-18-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-862-5151



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)