

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

08-07-2001 90022 022 \*\*\*150.00

0094425  
AV

**DOCUMENT # P99000093325**  
 1. Entity Name  
**TALATT COMPANY**

Principal Place of Business: **11251 JACANA COURT #1901 FORT MYERS FL 33908**  
 Mailing Address: **11251 JACANA COURT #1901 FORT MYERS FL 33908**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number: **65-0957958**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**STYLES, ANNE**  
**11251 JACANA CT**  
**#1901**  
**FORT MYERS FL 33908**

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 \_\_\_\_\_ (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 \$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.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STYLES, PETER</b>
STREET ADDRESS	<b>11251 JACANA COURT #1901</b>
CITY-ST-ZIP	<b>FORT MYERS FL 33908</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STYLES, ANNE</b>
STREET ADDRESS	<b>11251 JACANA COURT #1901</b>
CITY-ST-ZIP	<b>FORT MYERS FL 33908</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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
NAME	
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: ANNE STYLES 08.02.01 941 590.3967  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment # P990000 93325  
774211

**Karey Hensley, CPA, PA**  
**110911 Bonita Beach**  
**Blvd Ste. 208-1**  
**Bonita Springs, FL 34135**

August 2, 2001

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

**RE: TALATT COMPANY**  
**P99000093325**

Dear Sirs:

Please find my client's Uniform Business Report and enclosed check for \$150.00. Peter and Anne Styles were out of the country and didn't receive the first notice. Please waive penalty, as they have always been prompt in the past.

Respectfully,

  
Karey Hensley