2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

1780 NE 191ST ST. UNIT 507

N MIAMI BEACH FL 33179

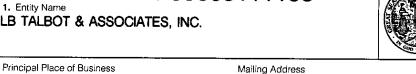


FILED Mar 21, 2003 8:00 am Secretary of State

03-21-2003 90106 022 ***150.00

DOCUMENT #	P990001111	06

LB TALBOT & ASSOCIATES, INC.



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A Division 100 1	77.01.20
Principal Place of Business	3. Mailing Address 3600000
437 S.W. 122nd TERRE	PLA POX LAUSON I
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1780 NE 191ST ST. UNIT 507

N MIAMI BEACH FL 33179



CHECK HERE IF MAKING CHANGES City & State. DEMBROKE PINE 4. FEI Number Applied For 65-0969845 Not Applicable. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALBOT CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET

TALLAHASSEE FL 32301-2525

8. The above named antity submits

the obligations of registered

	7 0 7 7 7 7		
the purpose of changing its registered o	office or registered agent	, or both, in the State of Florida.	I am familiar with, and accept
1	. \ \ \ -		

SIGNATURE . Signature FILE NOW!!!) FEE IS \$150.00

lis statement

9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DRESIDENT ☐ Delete TITI F Change Addition MISA B. TALBOT 437 S.W. 122nd TERRACE TALBOT, LISA B NAME NAME 1780 NE 191ST ST, UNIT 507 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH FL 33179 CITY-ST-ZIP Pembroke Pines. FL 33025 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other likes appowered. npowered.

CR2E034 (10/02)