

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90101 035 ***550.00

DOCUMENT # S48598

1. Entity Name
SHARON P. TALBOT, P.A.



Principal Place of Business
**324 ROYAL PALM WAY
SUITE 206
PALM BEACH FL 33480-4306
US**

Mailing Address
**324 ROYAL PALM WAY
SUITE 206
PALM BEACH FL 33480-4306
US**



2. Principal Place of Business

**340 Royal Poinciana Plaza
Suite, Apt. #, etc. Suite 322-B**

3. Mailing Address

**340 Royal Poinciana Plaza
Suite, Apt. #, etc. Suite 322-B**

☒ CHECK HERE IF MAKING CHANGES

City & State **Palm Beach**

City & State **Palm Beach**

4. FEI Number **65-0282911**

Applied For
☒ Not Applicable

Zip **3340** Country **USA**

Zip **33480** Country **USA**

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

6. Name and Address of Current Registered Agent

**TALBOT, SHARON P.
324 ROYAL PALM WAY
SUITE 206
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name **TALBOT, SHARON P.**
Street Address (P.O. Box Number is Not Acceptable)
340 Royal Poinciana Plaza, STE 322-B
City **Palm Beach, Fla** FL Zip Code **33480**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sharon P. Talbot* DATE 8/04/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **TALBOT, SHARON P.**
STREET ADDRESS **324 ROYAL PALM WAY, STE #206**
CITY-ST-ZIP **PALM BEACH FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **340 Royal Poinciana Plaza**
STREET ADDRESS **STE 322-B, PB, Fla. 33480**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 trustee 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 like empowered.

SIGNATURE: *Sharon P. Talbot* **561-655-0111**
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)