

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90118 004 \*\*\*158.75

**DOCUMENT # G32635**

1. Entity Name

**TURTLE SOUTHEAST, INC.**

Principal Place of Business

Mailing Address

~~12570 60TH ST NW~~  
~~LARGO FL 33771~~  
 US

~~POST OFFICE BOX 199~~  
~~WILSON PARK FL 33771~~  
 US

2. Principal Place of Business

3. Mailing Address

**1875 12th St SE**

**P.O. Box 1858**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Largo, Florida**

City & State

**Largo, Florida**

4. FEI Number

**59-2272177**

Applied For

Not Applicable

Zip

**33771**

Country

**USA**

Zip

**33779**

Country

**USA**

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

**DAVID G. ANDO**

~~12570 60TH STREET, NORTH~~  
~~LARGO FL 33771~~

Name

**David G. Ando**

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

**1875 12th St SE**

City

**Largo**

**FL**

Zip Code

**33771**

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

**David G. Ando President**

**3/1/00**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>CD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDO, CARMEN S.</b>	NAME	
STREET ADDRESS	<b>3697 42ND WAY S. APT 60A</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDO, DAVID</b>	NAME	
STREET ADDRESS	<b>6892 122ND AV N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	CITY-ST-ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDO, THOMAS G</b>	NAME	
STREET ADDRESS	<b>4712 41ST STREET SOUTH</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

**David G. Ando**

**3/1/00**

Date

**727-518-0962 Ext 107**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)