

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90106 042 ***158.75

DOCUMENT # S22462

1. Entity Name
TURTLE INDUSTRIES, INC.

Principal Place of Business 12570 66TH STREET N LARGO FL 34643 US	Mailing Address P.O. BOX 198 PINELLAS PARK FL 33780-0198
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2. Principal Place of Business <u>LX75 12TH ST S.E.</u>	3. Mailing Address <u>PO BOX 1858</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>LARGO FL</u>	City & State <u>LARGO FL</u>	4. FEI Number <u>04-2591023</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33771</u>	Country <u>PINELLAS</u>	Zip <u>33779</u>	Country <u>PINELLAS</u>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ANDO, CARMEN S.
12570 66TH STREET, NORTH
UNIT 1
LARGO FL 34643

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 *Carmen S. Ando* DATE 2/2/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDO, CARMEN 3697-42ND WAY SO #60A ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDO, DAVID G. 6892 122ND AVE NORTH LARGO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDO, THOMAS G. 4172 41ST ST NORTH ST PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

check sent electronically

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: *Thomas G. Ando* DATE 2/2/00 DAYTIME PHONE # 727-867-5437
Signature and typed or printed name of signing officer or director