

2001 UNIFORM BUSINESS REPORT (UBR)

FI

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90069 011 ***150.00

DOCUMENT #

243146

1. Entity Name

Turners Hardware Inc.

Principal Place of Business

Mailing Address

5829 arlington Rd
Jacksonville, FL

13164 atlantic Blvd
JAX. FL. 32225

A0050241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0920806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER, Shelby L.
5829 arlington Rd.
JAX. FL. 32211

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/01

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	Turner, Shelby L.	13616 Queens Harbor Blvd. N.	JAX. FL. 32225	<input type="checkbox"/>
CFO	TURNER, Steve G.	2232 Ocean Forest DR. W.	ATLANTIC BEACH, FL. 32233	<input type="checkbox"/>
COO	Turner, Michael D.	12518 Mission Hills Circle S.	JAX. FL. 32225	<input type="checkbox"/>
ST	Turner, Mary L.	13616 Queens Harbor Blvd. N.	JAX. FL. 32225	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 full-time employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve G. Turner

3/20/01

Date

Daytime Phone #

904-221-3130

CR2E034 (11/00)