

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 394447

1. Entity Name

EARL TURBYFILL BOOKING SERVICE, INC.

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

03-06-2000 90026 003 ***150.00

Principal Place of Business

Mailing Address

7624 HOLIDAY ROAD SOUTH
JACKSONVILLE FL 32216

7624 HOLIDAY ROAD, SOUTH
P.O. BOX 16126
JACKSONVILLE FL 32245-6126

60033198



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1383911**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

TURBYFILL, EARL
7624 HOLIDAY ROAD, SOUTH
JACKSONVILLE FL 32216

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STD	TURBYFILL, EARL	7624 HOLLIDAY RD. S.	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	TURBYFILL, ROBERT	7624 HOLLIDAY RD S.	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	TURBYFILL, BEVERLY	7624 HOLLIDAY RD. S.	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Beverly Turbyfill
Beverly Turbyfill, Pres. 3/1/00 904-725-7592