

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 394447

1. Entity Name

EARL TURBYFILL BOOKING SERVICE, INC.

Principal Place of Business

7624 HOLIDAY ROAD SOUTH
JACKSONVILLE FL 32216
US

Mailing Address

7624 HOLIDAY ROAD. SOUTH
~~P.O. BOX 16126~~
JACKSONVILLE FL 32245

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

TURBYFILL, EARL
7624 HOLIDAY ROAD, SOUTH
JACKSONVILLE FL 32216

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

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, 2001 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 | STD | <input type="checkbox"/> Delete |
| NAME | TURBYFILL, EARL | |
| STREET ADDRESS | 7624 HOLLIDAY RD. S. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | TURBYFILL, ROBERT | |
| STREET ADDRESS | 7624 HOLLIDAY RD. S. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | TURBYFILL, BEVERLY | |
| STREET ADDRESS | 7624 HOLLIDAY RD. S. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Beverly Turbyfill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/02/01 904-725-7590
Date Daytime Phone #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90362 019 ***150.00

816582



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1383911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

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