

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 759188**

1. Entity Name

**TURN ABOUT, INC. OF TALLAHASSEE**

Principal Place of Business

2771 MICCOSUKEE RD.  
P O BOX 13488 (32317)  
TALLAHASSEE FL 32308

Mailing Address

2771 MICCOSUKEE RD.  
P O BOX 13488 (32317)  
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2147472**

Applied For

Not Applicable

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

GILBERTSON, BARBARA G  
2771 MICCOSUKEE ROAD  
TALLAHASSEE FL 32308

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

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME DIESTELHORST, JACK  
STREET ADDRESS 2701 EVERETT LANE  
CITY-ST-ZIP TALLAHASSEE FL 32312TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE SD ☐ Delete  
NAME RAY, MARTHA  
STREET ADDRESS 119 E MERIDIANNA DR  
CITY-ST-ZIP TALLAHASSEE FL 32312TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VD ☐ Delete  
NAME SAUERS, BECKY  
STREET ADDRESS 7505 PRESERVATION RD  
CITY-ST-ZIP TALLAHASSEE FL 32312TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE TD ☒ Delete  
NAME STOUNBELIS, ANITA  
STREET ADDRESS 2439 BASSWOOD LANE  
CITY-ST-ZIP TALLAHASSEE FL 32308TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90021 002 \*\*\*\*61.25

LU004551



DO NOT WRITE IN THIS SPACE

CR2037 (10/00)